Introductory Address
ON
INTELLECTUAL BLINDNESS.

Delivered at the Middlesex Hospital at the opening of the Session, October 1st, 1889.

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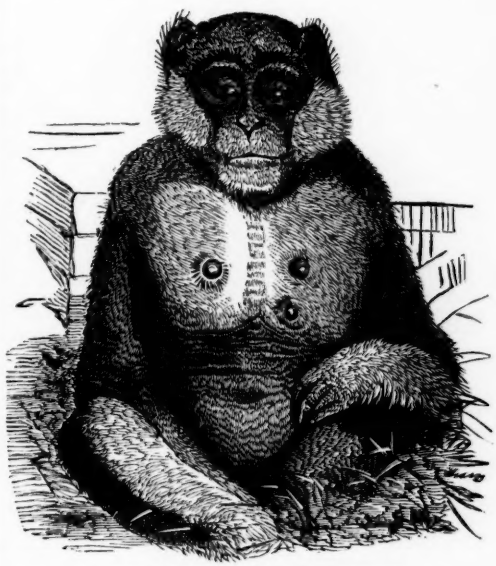
GENTLEMEN,—To-day I shall speak of a widespread and important defect known as Intellectual Blindness. We shall limit our attention on the present occasion to its two most important forms—blindness in observation and blindness in interpretation. The subject is one worthy our most anxious consideration, for rest assured the success with which we practise medicine and surgery rests in a large measure upon the means with which we endeavour to combat the insidious attacks of this form of blindness. I cannot too strongly impress upon you the importance of observation, seeing that in medicine we adopt essentially the Baconian method, and depend upon observation and induction for the detection of general laws. Very few attempts have been made to introduce the deductive method into the province of biology, and it must be confessed that most examples of this method of inquiry in its application to vital phenomena have only surprised the world with their absurdity. Of late years the inductive method has yielded brilliant results, and it is of great value, inasmuch as it serves to guide men in their inquiries. Doctors are, unfortunately, too often mere observers, whereas a carefully elaborated induction lends immense service by directing the observing faculty and leading to the detection of facts which remained unnoticed when no guiding theory dominated the perceiving power of the observer. Bear well in mind that seeing and perceiving are not identical processes. Often we fail to see things under our very eyes. Frequently we see things which the mind fails to recognise, or if the mind perceives the objective image, it fails to give it any import. Again and again we fail to discriminate accurately between what we observe and what we infer from our observation.

Allow me now to illustrate these forms of intellectual blindness, beginning with blindness of observation. Many of you—the youngest among us—think it is very easy to observe. Quite so; few things are easier. It is as easy as writing a legible letter, examination paper, or prescription, yet how few of us take the trouble to write them clearly or distinctly. To write distinctly requires care and attention, to make an accurate observation we must have our wits about us. It is very marvellous that we only, as a rule, perceive things of which we have previous cognisance. For instance, there is every reason to believe that one man and woman in every ten has three nipples. On one occasion a man came into the out-patient room with a well-marked extra nipple. I set my class, consisting of eighteen students, to explore the man and to make a report. Three students actually touched the nipple, and one, after eyeing it critically, suggested that it was "a very curious pimple," but no one identified it as a supernumerary nipple. I was induced to test the observing faculty of my class in this manner because I had previously practised the same thing on the excellent assistant in the prosector's room at the Zoological Gardens, in the following manner. As supernumerary mammæ and nipples are so frequent in mankind, they ought, theoretically, to be common in quadrumana. At this time about one thousand dead monkeys of divers species had passed under my immediate notice, but I could not remember to have seen a monkey with more than two nipples. On making inquiries of those likely to be acquainted with specimens I could not get any satisfactory information. The assistant was then directed to examine carefully all dead monkeys for this purpose. About a month afterwards, on making my usual visit, a dead monkey was upon the table, and I at once asked the assistant to examine it. He failed to detect anything abnormal. You may imagine his surprise when the large mamma and nipple shown in Fig. 1 was pointed out to him. Since then I have detected the occurrence of supernumerary nipples or mammæ in male and female monkeys, and feel satisfied that many such specimens have passed under my eyes previously, but that I was so blind as not to see them until a special interest in the question attracted my attention to the matter and led to the detection of what I believe to be the only known specimens of accessory mammæ or nipples in quadrumana. These are not selected as isolated instances of gross defects in observation; similar instances occur almost daily, and I think it is capable of explanation.

You must not run away with the notion that because the abnormality in question is so clearly and deliberately marked in the diagrams, it is as easily observed in nature; no one could for a moment examine the drawing and miss the points which it is intended to emphasise; and it is for this reason that the faculty of observation cannot be obtained or cultivated by studying books. Indeed, the great predisposing cause of intellectual blindness is that, as students, we place too much reliance on books. Knowledge of biology obtained merely by studying books, though infinitely better than ignorance, is at best only half knowledge; and it is a source of distress—great distress—to me to see students learning anatomy from a cram-book in a secluded nook of the garden or theatre, at a time when a demonstration is actually being conducted over the part they are reading in an adjoining room.

FIG. 1.

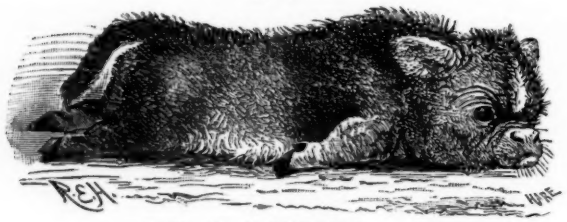


A female monkey with a supernumerary mamma.

Many of us have known men who read their anatomy book so frequently that they could recite pages from memory with the same facility with which, as children, we prattled through the Ten Commandments and the multiplication tables, yet, when brought face to face with the dissected subject, fail to recognise the parts with which in print they were apparently so familiar. Indeed, I assure you that to study anatomy, surgery, and pathology merely in books, rather than practically, can only be compared to hunting over a rough country on a lean old hack without saddle or bridle. The examples of defective observation which have been put before you are in themselves of little intrinsic importance; but it is clear to my mind that if we constantly overlook things of this nature we also miss things of far greater import in our daily examination of patients, in part from haste, in part from imperfect knowledge; for we may safely assume that the more accurate and extensive our knowledge is, the less likely are we to make errors in our observations, for, as a rule, we only inquire for and note those symptoms which our knowledge of the disease leads us to expect. For instance, a

patient complains of pain in the hip, and a careless or hasty inspection of the patient leads to the inference that it is commencing hip-joint disease. A thoroughly trained and cautious surgeon examines the region of the kidney, and succeeds in detecting as the cause of the trouble a renal calculus or a perinephritic abscess. In order to illustrate still more forcibly the need for training and care in observation, we need only turn for a few moments to the subject of sporadic cretinism. You are aware that many Alpine districts are notorious for cretins; these are idiots of stunted stature, with an enlarged thyroid body (goitre). Until recently it was little thought that cretins occurred in England, until the late Dr. Hilton Fagge published an admirable paper in 1871 showing that we had cretins identical with the endemic cretins of Alpine countries. Sporadic cretins have, since the observation of Fagge, been detected in London and many parts of England, and those who have had opportunities of inquiring critically into the matter are almost unanimous in regarding the sporadic form of the disease as identical with endemic cretinism. My own inquiries into the question have convinced me that the two forms agree in their main characters, and, far from being a rare disease, it is not by any means uncommon. In defence of our blindness in failing to detect these cases until Fagge opened our eyes, it may be urged that the affection has recently appeared among us. To this I may at once reply: Museum specimens clearly attest its existence in England certainly one hundred years ago. The identity of sporadic and endemic cretinism works out in another way. H. Müller, Eberth, and others have described, under the name of fœtal rickets, cretinous calves and lambs. Calf-cretins present easily recognisable characters, and a specimen calved in England, which I examined at the "Bell and Mackerel" public-house in the

FIG. 2.



A calf-cretin calved in England.

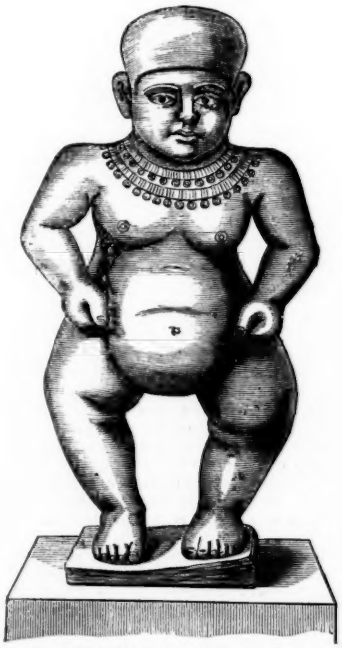
Mile-end-road, is sketched in Fig. 2. It is twelve inches long, its legs two inches, and its head is short like that of a pug dog.

Dr. Parrot of Paris suggested that the ancient Egyptians were acquainted with cretinism, and even had a cretinous god—PTAH—which was particularly venerated at Memphis. An examination of the models of this god preserved in the Egyptian galleries of the British Museum shows that in some PTAH is represented as a big-bellied, squat divinity, with short limbs, not unlike a cretin; in others he is represented as of noble figure, the type of majesty and lordly bearing. The notion that the dwarf models of PTAH were acquired from cretins is, however, very speculative. Certainly the Egyptians entertained queer notions and adopted strange customs, even preserving their anencephalic babies by mummifying them and preserving them in tombs. (Fig. 3.)

You must not think that whilst endeavouring to point out the motes in the eyes of others I am insensible to the beam in my own eye; far from it. Let me detail to you an error of which I am ashamed. Some three or four years ago the subject of avian tuberculosis occupied my attention; the results were embodied in a rather lengthy paper contributed to the *New York Journal of Comparative Medicine and Surgery*, October, 1886. In that paper a parrot's foot is represented (this sketch is reproduced in Fig. 4), with several irregularly rounded nodules upon it, which in their general characters resembled the nodules so common in the tuberculosis of birds. In 1884, Dr. O. Larcher published some observations on these nodular formations, and insisted that they were gouty deposits. It so happened that in several cases in which I had examined the deposits on the feet of birds and in their viscera, tubercle bacilli were present, and as the nodules on the feet of the parrot resembled those in which I had found tubercle bacilli, they were attributed to tuberculosis. This was a grave error on my part, but fortunately the specimen was carefully examined at the Royal College of Surgeons, and the deposits found to contain needle-shaped crystals resembling those found in gouty deposits in man. We should all endeavour to profit by our mistakes, and certainly this little experience has been to me of great advantage, and the subject is certainly of interest to physicians.

It is well known that pigs suffer from a parasitic affection

FIG. 3.



The Egyptian deity PTAH, supposed to be a cretin. (From models in the British Museum.

named trichinosis. The parasites (trichinæ) lodge by thousands in the muscles, and become surrounded or encysted by lime salts. On examining trichinosed pork, the parasites are seen as small white specks dotting the lean parts. In 1866 Virchow had submitted to him some ham supposed to be trichinosed because it was spotted with

FIG. 4.

A parrot's foot with gouty nodules.

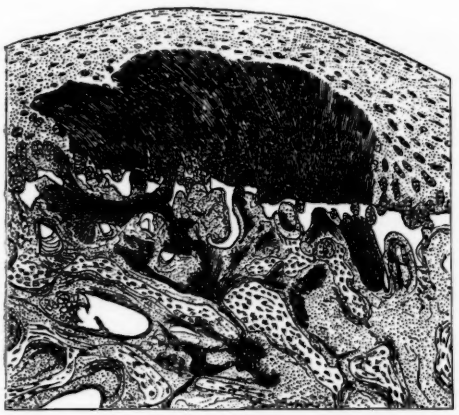
small white concretions. These deposits were found on chemical examination not to be trichinæ, but collections of crystals of guanin. Since that date few observations have been made on the subject, although it is one of great interest. Guanin is a nitrogenous crystalline body resulting from the metamorphosis of animal tissue; it was first dis-

covered by Unger in Peruvian guano, and its presence in this substance may be accounted for as the scales of fish contain a quantity of guano lime. The guanin deposits in the hog occur in the ligamentous tissues, in the articular cartilages, and in the fibrous septa of muscles in the form of acicular crystals collected together in irregular heaps, and form arborescent figures. (Fig. 5.)

This subject has been admirably investigated by Mendelson, and an excellent account of this guanin gout is furnished by him in the *International Journal of Medical Sciences*, vol. xcv., p. 109. A glance at the drawing of the relation of the crystal to the articular cartilage of the knee-joint will show at once the close resemblance to the deposits of urate of soda in human gout, and serves to show how justifiable it is to apply the name guanin gout to this condition.

Not long ago I ventured to state in a paper that, as far as my observations on disease extended, gout seemed to be one of the few affections peculiar to the human species. Sir Alfred Garrod, known all the world over for the attention he has given to gout, states that certain birds and reptiles, when in captivity, have sometimes concretions around their joints which closely resemble gouty deposits in man. Aldrovandi has noticed them in the falcon, and

FIG. 5.

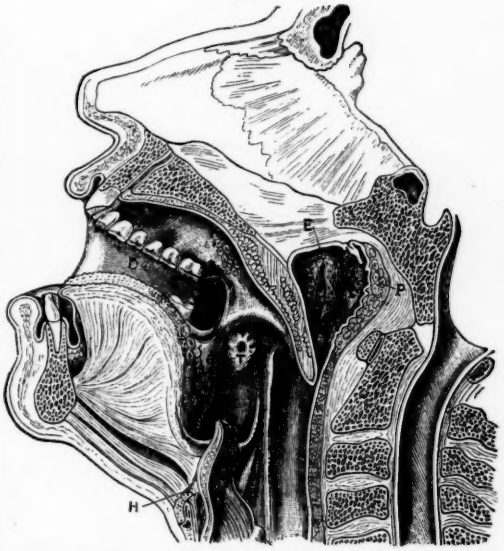


Section of the articular cartilage of the knee-joint of a hog, with deposits of guanin. (After Mendelson.)

M. Berlin of Utrecht has several times observed in the parakeet the presence of masses upon the metatarsal joints and toes composed of a white plastery substance, exhibiting both microscopically and chemically the characters of urate of soda. Garrod then says: "My own very limited examination of tumours upon the legs of birds has given me as yet only negative results." As a matter of fact, these plaster-like masses in the subcutaneous tissues of the legs and toes of birds are very common, and resemble in every way the chalky collections in human gout. Parrots also present deposits in their muscles which in every way resemble the concretions seen in the lean of ham obtained from pigs, the victims of guanin gout, and until someone sufficiently cunning in physiological chemistry takes an interest in the question it will be impossible for us to decide whether the gouty concretions on the legs of parrots are due to urate of soda or guanin. But another circumstance comes in; urate of soda and uric acid are very abundant in birds, but guanin is said not to occur in the urine of the lower mammals or man. Whence comes the guanin in the hog?

It also becomes a matter for inquiry, if, in all cases of human gout, the deposit is constantly urate of soda, may it not occasionally be guanin? This is an interesting question, but on the present occasion the subject is introduced for the purpose of showing how difficult it is in some cases to make accurate observation, and how very easily we may be deceived even in matters of which we are conceited enough to think that we possess adequate knowledge. The value of accurate observation is inestimable; it is impossible to predict the results to which a good observation may lead, and the aphorism "that the unexpected frequently happens in science" is as true in the art of medicine and surgery as in the science of chemistry. This is well illustrated by the advance made in recent years in the treatment of a peculiar affection of the naso-pharynx. In 1868 the eminent anatomist of Tübingen, Luschka, drew attention, in an elaborate and painstaking monograph, to the existence on the posterior wall of the pharynx, at the angle where it joins the roof, of a body which he named the pharyngeal tonsil. Its relation to the surrounding parts is represented in the accompanying diagram. (Fig. 6.) The history of this tonsil is replete with interest, but on the present occasion it would be very inappropriate to enter upon it at any length; indeed, all I need say is, that in general structure it is analogous to the part ordinarily known as the tonsil, and, under the microscope, sections from the guttural and pharyngeal tonsil cannot be distinguished from each other. Surgeons have long known that the tonsils are liable to enlarge in young people, inducing a habit of breathing with the mouth half open, snoring in sleep, and, what is very disagreeable, deafness. In very many cases the removal of the tonsils has sufficed to remedy or relieve these defects, but in a very large number of cases, even after the removal of the tonsils, the deafness still remained. In October, 1869, exactly twenty years ago, and that is one of

FIG. 6.



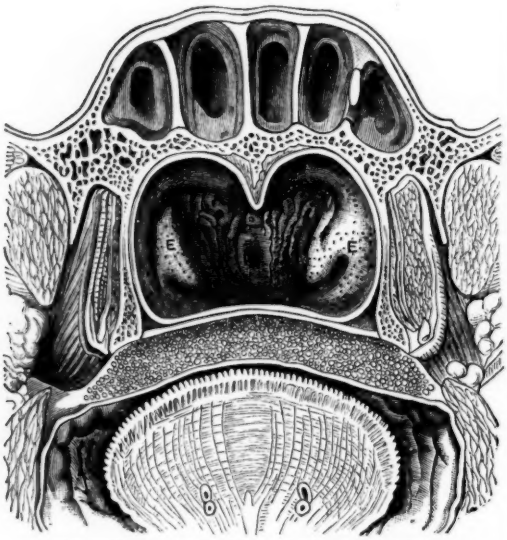
A longitudinal section of the human pharynx, showing the relation of the pharyngeal tonsil. (Modified from Luschka.)

my excuses for mentioning the matter here to-day, Meyer of Copenhagen published in the Medico-Chirurgical Society's Transactions an admirable paper, and showed most conclusively that these troubles are often due to what he called "adenoid vegetations of the naso-pharynx," or what may in simpler terms be described as enlargement of the pharyngeal tonsil. It will be seen at a glance, on referring to the transverse section of the head in Fig. 7, that when this tonsil enlarges it must laterally compress the orifices of the Eustachian tubes and induce deafness; anteriorly it projects into the nasal passages, obstructs respiration through the nose, and induces snoring, oral breathing, and imparts a disagreeable sound to the voice. Meyer's claims to our admiration extend beyond this, for he not only discovered the cause of the trouble, but clearly indicated the way to remove it; and though the operation he proposed has been modified by surgeons, the principles of treatment inaugurated by Meyer remain. The results which have followed the general adoption of the operation are best set forth in the words of Sir Morell Mackenzie in his presidential address to the first meeting of the British Laryngological Society, November, 1888. They were to this effect: "The cure of adenoid vegetations has resulted in the prevention of deafness to such an extent that there are probably at least 100,000 persons now hearing well

who, had it not been for Dr. Meyer's valuable discovery twenty years ago, would now have been hopelessly deaf." The numbers quoted by Sir Morell may sound high, but my own inquiries into this matter leave no doubt in my mind that he has, if anything, understated the good results.

Correct observation is a matter of the greatest necessity, for on what we observe we have to make an interpretation and frame a line of action; consequently, if the observations are faulty, the interpretations we place upon them are as valueless as if, in taking a ship's position at sea, we mistake the star in the tail of ursa major for that in ursa minor. In our daily occupation as physicians and surgeons it is not only necessary for us to make, as far as possible, accurate observations, but also to correctly interpret them, because upon our interpretation the life of the patient not infrequently hangs, and this alone should induce us to make ourselves masters in the art of observation and cunning in interpretation. This is, of course, very difficult, and the saying "Jupiter sometimes nods" merely means that the greatest amongst us occasionally overlooks things. Even men who have been regarded as admirable observers have committed grave errors, both in observation and interpretation. The following case, which was under the care of an excellent physician, illustrates this.

FIG. 7



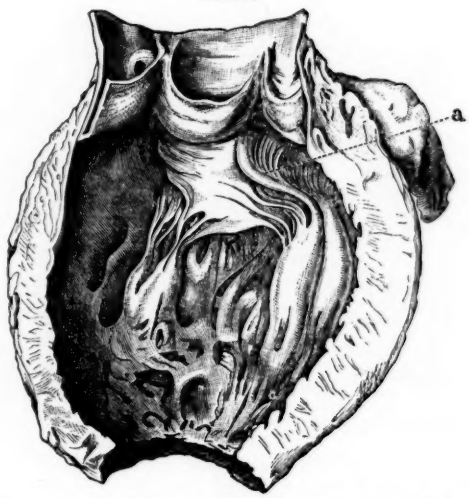
Transverse section of the head, showing the pharyngeal tonsil. (After Luschka.)

A patient from a poor and insanitary neighbourhood was admitted into a large London hospital suffering from symptoms of fever. In addition to a high temperature, the skin was covered with small red spots, which did not disappear on pressure. A peculiar subcutaneous mottling was present, and on turning down the bedclothes a peculiar mouse-like odour became distinctly perceptible. The tiny red spots were regarded as flea-bites, and there were unmistakable evidences of these athletic insects. The mottling of the skin and the mouse-like odour were attributed to the infrequent use of soap and warm water; the temperature was unaccounted for, and the nature of the illness remained for some days in doubt. It soon became clear that the disease was typhus fever; the red spots, subcutaneous mottling, mouse-like odour, and temperature were all characteristic of the affection. Unfortunately the correct diagnosis was made a little too late, as the nurse had carried the affection to a patient on the opposite side of the hospital. This case is by no means an isolated instance of the need for care in observing and interpreting symptoms. The question is an important one for the public at large, as well as for the patient and friends; and I am well within the mark in stating that you will not be many weeks in practice before being called upon to decide some case quite as critical as the one just mentioned.

Let me urge you not to limit your attention to man. Everything that lives has an interest for us. Bacon has said, "No natural phenomenon can be studied in itself alone, but to be understood must be considered as it stands connected with all nature." And if this be true in small things, how much the more must it apply to what John Hunter called the most complicated part of the whole animal creation—man.

It has often struck me what a lot of energy men would save if in their earlier years they would study a few animals besides men, women, and children, and how very simple many apparently obscure phenomena would become. I will illustrate this by one example. In February, 1858, a human heart was exhibited at the Pathological Society, London, and described in the Transactions under the following title: "Heart showing a large patch of striated muscular fibre situated in the substance of the anterior segment of the mitral valve." The description of the specimen leaves no doubt that one of the flaps of the mitral valve in this heart (which was removed from a man twenty-five years of age) contained a piece of muscular tissue the size of a fourpenny piece. (Fig. 8.) The exhibitor then indulged in rather more than six pages

FIG. 8.



The anterior flap of the mitral valve of a human heart, containing a patch of striated muscle fibre.

of close reasoning, and concluded "that it is an instance of a congenital accumulation (amounting to malformation) of the transversely striped muscle fibre, found naturally, but very sparingly, to exist in the part." As a matter of fact, the explanation is simple enough; in the embryo the valves are muscular projections from the cardiac walls which gradually become in man and nearly all mammals tendinous. In birds and some mammals (echidna) the tricuspid valves remain as muscular folds throughout life. The wonder is, not that such a specimen came to hand, but that many more such specimens have not been noticed. In every department of our profession there is the greatest need for caution in interpreting observations; in experimental physiology and pathology, where results are stated with almost mathematical precision, the greatest caution is required. This is so important that it is needful to illustrate it. It is now well known that the sphincter muscle of the mouth in mammals, the orbicularis oris, has distributed to it two distinct nerves, the seventh, or facial nerve, supplying it with motor power, and large branches from the fifth, conferring upon the muscle and its cutaneous covering sensation. The relation of these nerves to each other in the neighbourhood of the mouth of an ass are admirably shown in this bold drawing made by Sir Charles Bell, whose name in this school must always be mentioned in terms of the highest respect and admiration. The fact that the fifth nerve confers sensation and

the facial motion is to us nowadays so simple that we can scarcely appreciate the difficulty which seems to have existed in the mind of Bell and his contemporaries as to the part played by these nerves individually. Charles Bell had, with others, come to the conclusion that the fifth nerve, in so far as the lips and face were concerned, must be regarded as a sensory nerve. He then endeavoured to substantiate the opinion by experiment, and, as a consequence, fell for a time into grave error. He found that if an ass be tied and thrown, and the superior maxillary branches of the fifth nerve cut on each side, and the animal be let loose, it will not pick up the corn; the power of elevating and projecting the lip, as in gathering food, appears lost. The animal will press its muzzle against the ground and at length lick the oats from the ground with its tongue. From this, Bell came to the conclusion that the power of the orbicularis was lost in consequence of the division of the branches of the fifth nerve distributed to it. In this experiment the observations were correctly made, but they were incorrectly interpreted, and Bell found himself unable to reconcile his observations on man with his experiments on mammals.

These contradictory results were at last reconciled by other experimenters; the ass did not feed after the second division of the fifth nerve had been cut on each side, because the lip, being deprived of sensation, could not feel the oats or grass. Thus we must coincide with the opinion expressed by Bell that in this matter the truth had been nearly obscured by experiments. Conclusions drawn from experiments upon mammals and applied to man must be received with the greatest possible caution. During the last five or six years a large number of experiments have been conducted with the view of determining the best method of suture for mending damaged intestines. In most instances the experimenters have selected dogs. Of all mammals, dogs (and carnivora generally) have the thickest intestines, and they may be handled, clamped, and stitched almost as freely as if they were coils of indiarubber tubing. Human small intestine is of very different texture, especially when distended and inflamed; thin, delicate, easily torn, and liable to inflame with little provocation. With such conditions, is it at all likely the results obtained from experiments on the small intestines of a dog could be possibly expected when attempted on man?

Because I venture to criticise the results of such experiments you must not regard me as hostile to experimental physiology and pathology; on the contrary, I am of opinion that it is of the greatest utility, for, as John Herschel pointed out in regard to natural philosophy, those departments in which experimental inquiry cannot, or from causes beyond our control, has not been carried out, the progress of knowledge has been slow, uncertain, and irregular; while in such as admit of experiment, and in which mankind have agreed to its adoption, it has been rapid, sure, and steady. These remarks apply as forcibly to biology in general as to natural philosophy.

In conclusion, gentlemen, let me urge you to use fully all those powers which God has given you, and struggle hard not to become intellectually blind to any serious extent. Training in the art of observation will be afforded you in the dissecting-room, and practice in observing and interpreting will be furnished in the out-patient room and wards of the hospital, under the guidance of the physicians and surgeons. To those of you who possess in a high degree the power of interpretation, great professional power may lie within your reach. Those of you who are furnished with this power in a moderate degree may yet attain great things by close application; but all must bear in mind that we have no special sense on which we can rely; vision, hearing, touch, and taste cannot be trusted unaided, and may deceive us when we think ourselves most awake and on the alert, cozening and causing us no small amount of mortification. If you read the lives of the greatest men, from Moses, who was a leader, warrior, lawyer, sanitarian, and physician, to Darwin, you will find that those excelled most who were not merely critical and keen observers, but able to place correct interpretations upon what they observed. I do not mean to lead you to believe that the possession of the highest intellectual vision will in this profession induce a Pharaoh to confer upon you a viceroyalty; it may, however, gain for you the friendship of a monarch, and, what is more valuable, the esteem and respect of mankind; whilst the results of your interpretations may confer incalculable good upon your fellow men, and reward you with mental satisfaction inexpressible.

A CASE OF

EXCISION OF BOTH HIP-JOINTS FOR ACUTE DISEASE; RECOVERY.

BY WILLIAM HENRY BATTLE, F.R.C.S.,

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CASES of disease of both hip-joints are fortunately of rare occurrence, and this one presents several unusual features. Amongst these are, the onset of acute disease on each side within a short period of time, the extent of this, the bad condition of the patient when admitted, the *necessity* for excising *both* joints, and the success which has followed the methods of treatment employed during the long period that he was in the hospital. I have waited for some months before bringing the case forward, in order to make certain as far as possible that the recovery is a complete one; now examination shows not only that the hips are firmly healed, but also that the general condition of the boy is good, whilst his power of locomotion exceeds my expectation.

R. L——, aged fourteen, was admitted into the Leopold ward of St. Thomas's Hospital on May 24th, 1887, and left for a convalescent home on Oct. 2nd, 1888. He was admitted under the care of Sir W. Mac Cormac, who kindly gave me permission to treat the case. The patient was said to have always been a delicate boy, but had suffered from no serious illness. There was no history of injury. Eight weeks before admission he went to bed feeling quite well and without any pain anywhere, but on the following morning he complained of pain over the left hip. This pain was very severe and increased in severity, so that he was obliged to take to his bed, where he has since been kept suffering from severe pain in his hips, for pain and swelling came on in the right hip soon after the left hip was affected. The father, a blind beggar, has not been heard of lately. Mother and one sister died of consumption. One sister had something the matter with her hip when a child and walks lamely, one leg being shorter than the other.

On admission the boy was in a most serious condition, and appeared to be suffering acutely from disease of both hip-joints. He refused to straighten either leg, and screamed violently when moved or touched. He lay doubled up, partly on his left side, and partly on his face and chest. There were bedsores over all the bony prominences—shoulders, elbows, heels, and even over the ribs—the bone being exposed over the left scapular spine and prominence of the sacrum. The boy was so thin that the skin appeared to be drawn over the bones. He was sweating profusely, had constant diarrhœa of watery, slimy, very offensive motions, obstinate vomiting, and a most offensive mousy smell. The temperature was high (104·2°). With considerable difficulty it was possible to examine the hips more closely. There were much swelling and œdema about the right, chiefly marked over the front of the joint, but on this side fluctuation was not well marked, and disease did not appear to have invaded the gluteal region. The pain on attempted movement was severe—in fact it was not possible to examine fully without an anæsthetic. The thigh was flexed, but not so much so as on the left side, the right knee crossing the upper part of the left leg, the thigh being slightly abducted. The left hip presented a large globular fluctuating swelling, which extended round the great trochanter and upwards and backwards into the buttock. The top of the great trochanter was three inches above Nélaton's line, and the thigh inverted, adducted, and shortened to a corresponding extent. It was not considered advisable to do anything then beyond procuring relief of pain, the administration of suitable food with the intent to improve his general condition, and the application of antiseptic ointments to the bedsores, with general nursing. He was placed on a water bed. During the 25th and 26th his general condition improved somewhat, but he appeared to suffer very much, screaming continuously, and disturbing the whole ward. The sweating and diarrhœa continued. The temperature on the evening of admission was 104°, at midnight on the same day 101°, and at 9 A.M. next morning 99·2°, rising to 101° at 8 P.M. On the 26th it reached 102° at 8 P.M. The urine was found to have a sp. gr. of 1020

and to contain one-fourth of albumen. The other organs were apparently healthy.

On the 27th, in the afternoon, it was thought best, considering the boy's temperature, excessive pain, with the presence of so much pus about the left hip, to attempt to relieve him. Ether having been administered, an incision was made, about four inches in length, in a direction from below upwards towards the posterior superior spine, with the limb at an angle of 45° to the trunk, commencing about an inch below the top of the great trochanter and crossing its middle. This gave exit to several ounces of thick pus, and the finger introduced through it felt the head of the bone lying on the dorsum ilii. It was bared, bathed in the pus, and quite devoid of cartilage. The ilium was also bared for some distance around; the acetabulum was bared in a similar manner, but nowhere was there any granulation growth, such as one usually finds in tubercular disease. The head of the bone could not be brought to the acetabulum, so the neck was divided with a saw, and the head removed. After this the sawn surface of the neck could not be made to descend lower than the upper margin of the acetabulum. The cavity was washed out, and then sponged with a solution of chloride of zinc (forty grains to the ounce), again syringed with carbolic solution (1 in 40), a few silk sutures inserted, and a large drainage-tube put in. The wound was dressed with iodoform and salicylic wool. A long outside splint with extension was applied, and the bedsores dressed. The boy's condition did not allow of prolonged anæsthesia. On coming round from the ether he appeared relieved. At night the temperature was 100·6°. No evidence was obtained as to the original point of origin of the disease.

28th.—Passed a comparatively easy night. Says he is much better; is much less noisy, and seems greatly relieved. The diarrhœa continues. Does not complain of the right hip, which is now red and more swollen.

30th.—Placed in a double Thomas's splint (Croft's modification). Between this date and June 7th the temperature for two or three days was quite normal, but usually varied from 100° to 101° at night. He had much improved in general condition, but complained of a great deal of pain in the right hip, the swelling of which was increasing. On this date it was decided to incise the abscess from the front, adopting Parker's incision, with the intent to proceed further should the condition of the joint indicate it. The incision made was about three inches and a half in length, and gave exit to a large quantity of pus. On passing the finger into the joint a loose piece of bone was felt, and extracted, after flexion of the thigh, by means of necrosis forceps. This proved to be the separated, disc-like epiphysis of the head of the femur. As on the left side, there was little granulation growth, and the neck of the femur for a short distance, as weli as the acetabulum, was bared and rough. As it appeared that this was a secondary process I did not remove anything further, but, having made a counter-opening behind, the entire wound was washed with chloride of zinc solution (40 gr. to the ounce) and carbolic acid solution (1 in 40), sutures inserted in front, and dressed with iodoform. The wound on the left side was also dressed; it was looking healthy and healing rapidly. He bore the operation very well.

June 14th.—Has been complaining of some pain in the right hip since the operation, but to-day says that he has no pain. Both hips are looking healthy, and there is very little discharge. He complains more of the bedsore over the sacrum; the other sores are healing. He is sleeping well, takes an interest in the ward, is cheerful, and allows movement without screaming. His appetite is improving. There is less sweating, and his body does not smell so offensively, but he is still so dirty in his habits that it is difficult to keep the wounds aseptic. The stitches and tubes were all removed from the left hip. The pressure of the splint at the knee had caused a small sore; the skin cannot bear the slightest pressure; sores form, even with firm bandaging. A mixture containing perchloride of iron was given.

24th.—Has much improved in health. His pulse is stronger and less rapid. The wounds are healthy in appearance, and there is less discharge. He is more cheerful, but decidedly deaf. A Bryant's double hip splint was applied.

26th.—There was a return of the diarrhœa, which was arrested by the addition of ten minims of tincture of opium to the medicine.

July 4th.—The left hip is now quite healed, and there is no pain on pressure. All the bedsores excepting the one over the sacrum are healed. He sleeps and takes food well. Is rapidly improving in every respect.

13th.—Quinine and acid mixture substituted for the iron mixture.

30th.—The improvement continues, though it is slow.

Aug. 12th.—Towards the end of June an abscess was opened in the right adductor region, from which there has been much discharge. The tube was removed this morning.

20th.—Both hips are healed. The boy is putting on flesh. The skin has lost its harshness, and is a better colour. The limbs are in good position. The bedsore over the sacrum still requires attention, though it is much improved.

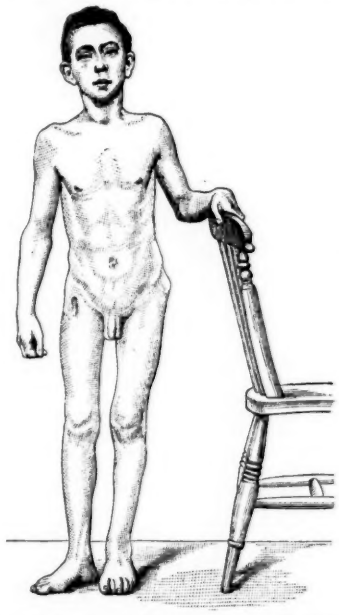
Sept. 2nd.—The tube which was placed in the counter-opening behind the right hip was removed.

14th.—All dressings have now been discontinued to the hips. Massage to be employed gently with cod-liver oil for a quarter of an hour twice daily to the whole body.

30th.—Quinine and iron mixture given. On removal of the splint, the legs were found to be quite parallel and in good position; they were, however, much wasted.

Oct. 22nd.—The massage with cod-liver oil appears to have been most beneficial. It is now employed for half an hour three times a day.

Nov. 13th.—The bedsore over the sacrum is nearly healed.



Pulse still rapid (120). A teaspoonful of Easton's syrup given three times a day.

Feb. 27th, 1888.—From this date until April 1st he suffered from an attack of cutaneous erysipelas, which, commencing in the right thigh, spread up the back to the neck, across the trunk, and down to the toes. The attack was ushered in by vomiting, headache, and shivering, which lasted for two days before the appearance of the eruption. It was also preceded by enlargement of the femoral glands, which had been observed for a period of five days. This enlargement of the glands continued throughout the attack. A double Thomas's splint was substituted for the Bryant in January, as it was lighter and the patient easier to handle in it.

May 1st.—All the sores are healed. He now gets up, can stand by himself, but is not able to walk without help. He is much stouter.

12th.—The patient having been deaf for some weeks was Politzerised a few days ago, and it has been repeated. He now lies in bed with the bedclothes drawn up; looks dull and stupid when roused; complains of headache and dizziness; has vomited, and appears pale and ill. The temperature has continued normal for a long time. These symptoms gradually subsided, no further treatment of the deafness being employed.

16th.—Mr. Lawford examined his eyes, which had exhibited a tendency to nystagmus since he was admitted. Refraction myopic, astigmatism in each eye; no change in the fundus, excepting great tortuosity of arteries and veins.

June 16th.—About a fortnight ago he was fitted with double apparatus for the hips, there being a pelvic band with iron supports extending down the outer side of each limb, with movable joints at the knees and ankles. The left leg is rather more than half an inch shorter than the right. This apparatus enables him to get along slowly without help.

He was kept in the hospital until Oct. 2nd (a period of 400 days), on which date he was sent to Margate.

With the exception of a few days at the beginning of July, 1887, when the temperature rose two or three degrees at night, it was normal after June 18th of that year, and rarely reached 99·6° during the whole of the after-treatment, excepting during the attack of erysipelas.

Remarks.—The short account of this boy's state on admission shows what excellent attention and care he must have received from the house surgeons, dressers, and nursing staff before he could be brought into what might be called a fair state of health. I regret that I cannot mention them individually. Reference has already been made to the rarity of double hip disease,[1] and the majority of cases recorded have been examples of tubercular caries arising in a second joint whilst the patient was already under care for disease of the other side. The disease has usually been of chronic character. In this case the disease was of an acute nature on each side, and rapidly ran on to complete disorganisation of the joint. The necessity for excision was evident, the choice of time for the operations less so. The patient came to see me on Oct. 2nd of this year, and surprised me by the rapidity with which he could walk without the aid of the apparatus, which he had continued to wear since it was supplied, or other assistance. The woodcut is from a photograph kindly taken by Mr. W. Edmunds more than fifteen months ago. The patient is now taller, and the muscular development, especially below the knees, markedly increased. The left limb is an inch shorter than the right, but this is hardly apparent. In the majority of the cases of hip disease affecting both joints it has only been necessary to employ prolonged rest, with extension and appropriate splints, as when the disease affects one joint, the only operative treatment required being incision of abscesses. In one case, however, which was placed under my care, I excised the left hip-joint, and Mr. H. B. Robinson of St. Thomas's Hospital afterwards found it necessary to operate on the right side; the patient is still under observation. I can only find records of three other cases of excision of both hips. Mr. Croft[2] recorded a case in 1879 of excision of both hip-joints for femoral necrosis, in a girl of four years of age. The duration of the disease was eleven months, and an interval of three weeks elapsed between the operations. The femora were sawn at the level of the base of the great trochanter. The patient made a rapid recovery, and was last seen in October, 1883. She was not able to walk well then. In another case this double operation was performed by Dr. Ashhurst.[3] The patient was a boy about twelve years of age. The right hip had been diseased for eight months, and the left for a longer period. The operations were performed at an interval of seven months and a half. On the right side the head of the femur was carious, and on the left there was a sequestrum in the acetabulum. He recovered, but could not walk without support two years later. Dr. Byrd[4] of Illinois read notes of the case of a girl aged ten years, for whom he had excised both hip-joints. The upper ends of the femora, which were extensively diseased, were removed just above the great trochanter. At the time the case was brought forward, the patient was able to go up and down stairs without crutches, and over smooth ground. In these cases passive movement was commenced not long after the operation, but in the case recorded above the condition of the boy was such as to make any disturbance of the parts undesirable until after too long a period of time had elapsed to make movement of any value.

Harley-street, W.

[1] See paper by Dr. Ridlon, Internat. Jour. of Surgery and Antiseptics, October, 1888.

[2] Transac. Clin. Soc., vol. xiii., p. 66.

[3] International Encyclopædia of Surgery, vol. iv., p. 497.

[4] Med. Times and Gaz., 1883, vol. ii., p. 35.

COCAINE IN DIABETES.

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IN the course of diabetes it is no uncommon thing to find that glycosuria disappears on the development of an illness attended by febrile exacerbations. Towards the termination of diabetes, when phthisis is fully developed, we frequently notice that sugar disappears from the urine as the temperature becomes high. A high temperature, or perhaps more correctly speaking the condition which causes the temperature to become high, is thus seen to be followed by a disturbance of the glycogenic function of the liver. Is it possible that diabetes may be thus cured? Here is a case which lends weight to such a probability. A gentleman in this neighbourhood had been several months under treatment for diabetes. Contrary to medical advice, he went to the races one cold day, where he got chilled. He had shortly afterwards a rigor, which was followed by an atypical pneumonia attended by a considerable rise of temperature. The urine was now found to be quite free from sugar, and it remained free from sugar for more than a year, during which time the patient had quite regained, and felt himself in, his usual good health. From observation of these facts, it would appear as if the employment of medicines of the pyrogenic class might be followed by good results in the treatment of diabetes. Hence my reason for trying cocaine in the following case.

C. H——, aged forty-three, a cabinet-maker, was admitted into the Newcastle Infirmary on March 15th, suffering from diabetes of five months' duration. His mother died in an asylum at the age of fifty; the rest of the family history is on the whole good. Five months previously he had noticed that he was passing too much urine, and that his thirst and appetite were excessive. Prior to this he had suffered much from anxiety and worry in business. His skin is dry and shows here and there patches of psoriasis. Beyond puerile respiration at the apices nothing abnormal is detected in the lungs. His heart is healthy. In the abdomen nothing abnormal is noticed. He has, however, the gait of an ataxic. In walking he sways from side to side, is very unsteady, says he feels as if the floor were going up and down, feels giddy, and complains of numbness in the arms and hands. He does not fall, however, when his eyes are closed. Knee-jerks are present, but the response is slow and the amplitude large. Pupils are normal. He is the subject of delusions. When he awakes during the night he sees various objects with a peculiar colour, particularly men wearing black hats and yellow tassels. Temperature normal. Is passing thirteen to sixteen pints of urine daily, acid, specific gravity 1034; no albumen. The amount of sugar varies from 6000 to 7000 grains daily. He complains of a most obstinate constipation. His bowels are not relieved for six or seven days at a time, even though strong purgatives are employed aided by enemata. He is sleepy. At first I treated him by codeia, and, gradually increasing the dose, it was noticed that the urine fell to eight pints daily and the sugar to 4000 grains. Beyond this diminution in the amounts of urine and sugar eliminated daily, it was noticed that there was no improvement generally; the patient's symptoms remained the same. So I determined to try cocaine. This I gave in quarter-grain doses three times a day. Until now one of the most difficult symptoms to treat in his case was the obstinate constipation, but he had only taken the cocaine a few days when the constipation entirely ceased, and his bowels, which had hitherto refused to act to the strongest purgatives, now began to be moved once or twice daily. His nocturnal delusions also entirely disappeared. Ophthalmoscopic examination, Mr. Williamson, my colleague, reported the existence of a patch of old-standing choroiditis at the inner side of the disc of the left eye, and that the lens and disc in both eyes were normal. His temperature at this period ranged from 97° to 98°. When weighed on April 29th it was found that 6 lb. in weight which he had lost had been regained, and that his bowels continued to act well. In May the patient seemed to be progressing very satisfactorily. Urine varied from six to eight pints daily, and the amount of sugar from 1100 to 3000 grains.

His delusions had not returned, he was sleeping and eating well, he had lost his vertigo and the swaying movement he felt when walking; also a painful sense of muscular fatigue of which he had previously complained. Instead of constipation the bowels were now moved sometimes twice and thrice daily. At this stage of his illness—that is, about ten days after this last record—the patient was passing from four to five pints of urine, and the daily average elimination of sugar was 1120 grains. The specific gravity of the urine was a little over 1020. Thinking that the cocaine was acting too much upon the bowels, I stopped it. No sooner was the cocaine stopped than almost immediately the urine rose to seven and nine pints daily, and the average amount of sugar to 3900 grains. Very unfortunately, at this stage, when all seemed to have been going well with him, he injudiciously exposed himself in the garden and caught cold. He now began to cough; friction râles were detected at the base of the right lung in front, and also at the back, where in addition a few crepitant râles could be heard. Treatment by cocaine was not resumed, as the chest symptoms attracted most of our attention. Feet and hands became œdematous, and the amount of urine fell to two pints daily. Later on albumen was detected in the urine, but it was only present for a few days. Râles were now more generally heard over the chest, muco-crepitant at the left apex, and friction and crepitant râles over the whole lung. His course was now downward. His temperature ranged from 98° to 101°. Under the administration of small doses of digitalis the dropsy of the feet, legs, hands, and scrotum disappeared, although the abdomen was still found to contain a considerable quantity of fluid. He ultimately died from syncope.

At the post-mortem fluid was found in the pericardium and the abdomen. The substance of the heart was œdematous. The wall of the left ventricle was thickened. The valves were all healthy and competent. There was a cavity at the apex of the left lung. Smaller cavities and tubercular nodules were found scattered all through the lungs, which were œdematous. The liver weighed 38 oz. Numerous white specks were noticed on its surface the size of a pin's head; they were hard, and evidently were miliary tubercles. The kidneys were pale and contained similar small bodies. The spleen appeared healthy; the mesenteric glands were cheesy. The dura mater was healthy; there was sub-arachnoid effusion of a milky white character. On section, the brain was found to be firm; it looked pale, but otherwise healthy. Each lateral ventricle contained one or two teaspoonfuls of serum. The vessels at the base in the fissure of Sylvius were healthy. Cerebellum healthy.

The points of interest in this case as the result of the administration of cocaine are—the total disappearance of a most obstinate constipation which refused to yield to the strongest purgatives; disappearance of a gait, not unlike that of ataxia; of delusions, and a sense of muscular fatigue; the return of a feeling of improved health and strength, with a gain in weight; a marked diminution in the amount of urine excreted; a very decided reduction in its specific gravity and a very noticeable fall in the daily elimination of sugar. Cocaine failed, however, to raise the temperature.

Newcastle-on-Tyne.

SOME NOTES ON THE VALUE OF HYOSCINE AS A SEDATIVE.

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DURING the last year we have employed hyoscine frequently in an emergency in a number of cases, any of which might have occurred in general practice. By the kind permission of the physicians under whose care the patients were placed we are enabled to bring the results forward in the present paper. The preparation used was in all cases a 1 in 500 solution of the hydrobromate of hyoscine in distilled water. This strength is a convenient one, five minims being equivalent to a dose of $\frac{1}{100}$ gr. of the salt. (Care should be taken to obtain the hydrobromate of hyoscine from a reliable chemist. It is perhaps superfluous to say that it must not be confounded with hyoscamine).

I.—CASES OF MENTAL EXCITEMENT.

Case 1.—William C——, aged thirty-eight, admitted under the care of Dr. Hughlings Jackson, suffering from general paralysis without mental symptoms, but with all the physical indications typically present. He suddenly had a series of epileptiform convulsions, leaving him permanently aphasic, and partially hemiplegic, and he also became very noisy (and, as far as the paralysis would allow, violent), disturbing the ward by his inarticulate cries. The injection of $\frac{1}{100}$ gr. of hyoscine at once quieted him at first. During the next few weeks he had a frequent recurrence of the noisy attacks, and the dose had to be increased, until at one time he required $\frac{1}{75}$ gr. every six hours. No bad effects were at any time observed due to the hyoscine.

Case 2.—Bridget H——, aged twenty, admitted under the care of Dr. Bastian, suffering from a tumour of the cerebellum. One evening she suddenly became maniacal and suicidal, with hallucinations of sight and hearing. On this occasion the injection of $\frac{1}{100}$ gr. of hyoscine produced little if any effect on her mental condition, but some weeks later, when she had two similar attacks of excitement, the injection of $\frac{1}{75}$ gr. of hyoscine had the effect of completely allaying the excitement and producing sleep for several hours.

Case 3.—George H——, suffering from well-marked general paralysis, the mental symptoms, however, having made their appearance only a few days previously. His wife's account was that he had had no sleep for five days, had become irritable, and had threatened her with violence, and had been squandering his money, ordering numerous suits of clothes of his tailor, &c. When seen he was excited, and had delusions. He complained bitterly of his inability to sleep. An injection of $\frac{1}{75}$ gr. of hyoscine was then given, and in five minutes he was sleeping soundly. He slept quietly for six hours till the afternoon, and subsequently had a good night. The mental symptoms temporarily disappeared, and his wife was able to take him home to the north of England next day without any trouble.

Case 4.—Emily C——, aged twenty-one, admitted under the care of Dr. Ramskill, suffering from epilepsy. A few weeks after admission, after a succession of rather severe fits, she became obstinate and refused her food. The next day she rather suddenly became violent and tried to strike the nurses and doctors. An injection of $\frac{1}{75}$ gr. produced sleep in about a quarter of an hour. During the two days which elapsed before her removal to an asylum could be arranged for, she had six similar injections, with an equally satisfactory result.

Case 5.—Ellen C——, aged twenty-seven, admitted under the care of Dr. Hughlings Jackson, suffering from epilepsy. Coincidently with the appearance of the catamenia (which had been suppressed for some months previously), she became sleepless and noisy, with hallucinations of sight and hearing. When she was in this condition, $\frac{1}{100}$ gr. of hyoscine would quiet her within five minutes, usually producing sound sleep, and on awaking she was for some hours free from the hallucinations and much more manageable. She had about twenty such injections, which had no untoward effect on her mental condition, which steadily improved.

Case 6.—James P——, aged twenty-three, admitted under the care of Dr. Ramskill, suffering from epilepsy of twenty years' standing. Early one morning he had an epileptic fit of an ordinary character, but immediately on the cessation of the convulsion he sprang out of bed and ran about the ward, screaming so loudly as to awake those in distant wards. He was with great difficulty held down while $\frac{1}{75}$ gr. of hyoscine was injected. In two minutes he ceased to scream, and in five he was sleeping soundly. As he was discharged from the hospital next day no further observations were possible.

Case 7.—John O——, aged thirty-three; admitted under care of Dr. Bastian, suffering from epilepsy. While in hospital he suddenly became delusional and maniacal, and required the injection of $\frac{1}{75}$ gr. three times in one day. It did not, however, check his excited condition, but it produced such an amount of muscular relaxation that violence was no longer possible.

Case 8.—Minnie E——, aged seventeen; admitted under the care of Dr. Gowers, suffering from epilepsy of eight

years' standing. After having several fits she became violently maniacal. An injection of $\frac{1}{100}$ gr. was given, but as it produced no effect, it was repeated fifteen minutes later. This had the effect of completely quieting her, and making her limbs quite limp, but did not produce sleep.

Case 9.—Harold W——, aged seventeen, admitted under the care of Dr. Beevor, suffering from hysterical contraction and complete anæsthesia of the right arm. The contracted hand did not relax during ordinary sleep, but it did under the influence of an anæsthetic. On one occasion he became very excited and violent after hypnotism. An injection of $\frac{1}{100}$ gr. of hyoscine was given him, and during the sleep and muscular relaxation which followed not only was there opening of the contracted hand, but a prick or pinch on the arm was followed by a movement of the arm away from the irritant, showing a return of sensibility. After the effect of the hyoscine had worn off the old condition of matters was restored.

II.—CASE IN WHICH HYOSCINE WAS GIVEN AS A SUBSTITUTE FOR MORPHIA, THAT DRUG BEING INADMISSIBLE.

William S——, aged twenty-four, formerly a sailor, who had acquired the opium habit, was admitted under the care of Dr. Hughlings Jackson for neuralgia of the arm, which appeared to commence in the cicatrix of an old injury in the thumb. Removal of the cicatrix produced no relief; antipyrin, bromides, and chloral had no effect on the pain, and opium was inadmissible. Hyoscine was therefore given subcutaneously, at first in a dose of $\frac{1}{100}$ gr.; later $\frac{1}{75}$ gr. was required. This was sufficient during several weeks to procure four or five hours' sleep every night.

III.—IN THE STATUS EPILEPTICUS.

Minnie F——, aged sixteen, admitted under the care of Dr. Hughlings Jackson suffering from left hemiplegia and epileptic fits, which always commenced on the left side, both being probably due to a cortical lesion. One evening she had a succession of such fits, with no appreciable interval. After she had been in this condition for three hours, $\frac{1}{75}$ gr. of apomorphine was administered subcutaneously. This produced copious emesis, but the convulsions continued unchecked, and as there was no improvement at the end of three quarters of an hour, $\frac{1}{100}$ gr. of hyoscine was injected. The convulsions at once became less violent, and ceased altogether within five minutes. It is difficult to judge how far the result was due solely to the hyoscine, but its apparent effect was sufficiently striking to suggest its trial in such cases in future.

IV.—CASES ILLUSTRATING THE OCCASIONAL UNPLEASANT EFFECTS FOLLOWING THE USE OF HYOSCINE.

Case 1.—James H——, aged fourteen years and a half, admitted under the care of Dr. Gowers for epilepsy. Hyoscine was given by the mouth in doses which had been increased until he was taking $\frac{1}{75}$ gr. three times a day. No effect was produced on his fits, but he became strange in his behaviour. He looked bright and rational, but was very restless, trying to leave the ward, and wander he knew not where, saying he heard two voices, one advising a good course, and the other an evil one. His pupils were widely dilated, and his accommodation was paralysed. He returned to his usual condition when the effects of the hyoscine had worn off.

Case 2.—Henry H——, aged thirty-three, admitted under the care of Dr. Gowers, suffering from a condition of spastic paraplegia, due to myelitis. Hyoscine was given in the hope of lessening the rigidity, in doses of $\frac{1}{150}$ gr. subcutaneously every night, increased afterwards to $\frac{1}{75}$ gr. After three of the larger doses there was excessive dryness of the mouth, dimness of sight, and delirium with double consciousness. No effect was produced on the muscular spasm.

We have also had the opportunity of observing its effects (usually negative) on a number of other chronic nervous diseases, but as they were mostly isolated cases they are passed over for the present. In our hands the drug never failed to act as a prompt and powerful sedative in cases of mental excitement, and in none of these cases were there any unpleasant after effects. This agrees with the much larger series of observations published in the *Berlin. Klin. Wochenschr.* by Dornbluth (No. 9, 1888) and Eugen Key (No. 50, 1888). They found it "a certain, rapid, and effective sedative, especially in cases in which there was much violence and excitement." In cases of excitement a large dose is more easily borne, and $\frac{1}{100}$ gr. appears to be a safe initial hypodermic dose for an adult. If no effect is produced in half an hour, a second dose of $\frac{1}{200}$ gr. may be given. In other cases of chronic nervous disease a smaller dose is prudent, $\frac{1}{200}$ gr. being given at first and gradually increased. When given by the mouth, at least double the dose given above is required to produce the same effect.

ON THE

EXTENSION OF THE FŒTUS DURING THE SECOND STAGE OF LABOUR.

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RECENT observations by German obstetricians have shown that during the second stage of labour the advance of the fœtal head takes place by extension of the fœtal trunk, and consequent elongation of the long axis of the fœtus; not by the pressure of the uterus on the fœtal breech, driving it down, but by the pressure of the uterus around the fœtus, straightening it out. These observations have not yet found their way into English text-books, nor, so far as we know, have they been confirmed in this country. We have therefore thought it worth while to test their accuracy. Litzmann[1] noticed that during a pain the fundus uteri reached higher than during relaxation; and observed seventeen cases in which, up to the time at which the head was distending the perineum, the fundus uteri occupied the same position with respect to the umbilicus as at the beginning of labour. He suggested that this might be part of the normal mechanism of labour; but, in the paper quoted from, did not speak as if satisfied that it was so. Schröder and Stratz[2] ascertained that the measurement between the breech and the vertex with the spine flexed is less than that with the spine extended, by, on the average, more than two inches; and that there may be more than four inches difference between the measurements. Therefore if, in labour, extension of the trunk take place, the head may advance to this extent while the breech remains stationary. They have shown by measurement that this extension takes place: that the distance between the breech and the vertex of the fœtus increases during the passage of the head through the pelvic cavity by an amount such as extension of the trunk would produce. They point out that the flexed attitude of the fœtus before labour is not due to compression by the uterine wall, for the child is usually freely movable in the uterine cavity; and when the child lies in an abnormal position the shape of the uterus is altered in correspondence to that of the child. They explain the extension during the second stage of labour by saying that the body becomes extended, because the contraction ring is drawn up over it, and the fœtal trunk can only pass through this by becoming extended. Hence there is a time during which the head advances, while the breech remains stationary. Hoffheinz[3] has made observations in the Königsberg Clinic to test this point. He measured in 100 cases the distance between the upper border of the symphysis pubis and the fundus uteri. He found that the distance between these points was actually a little longer when the head was distending the perineum than when it was in the pelvic brim. He measured also the distance between the fundus uteri and the most advanced point of the fœtal head, and found that during the second stage of labour this distance was increased by upwards of four inches; an increase more than can be accounted for, according to the measurements of Schröder and Stratz, by extension of the spine. He believes that during the birth of the head the breech ceases to be in contact with the fundus, and the feet take its place. He explains the extension of the spine by the contraction of the uterus in all its dimensions, the resistance to the advance of the child causing the contracting uterine body to pull up the cervix

[1] Arch. für Gyn., Band x., S. 409.
[2] Die Schwangere und Kreissende Uterus, Bonn, 1886, S. 78.
[3] Zeitschrift für Geb. und Gyn., Band xv., S. 432.

uteri; and this resistance, together with the extension of the child, causes the body of the uterus to be pushed higher up at the time when resistance is greatest—that is, when the perineum is on the stretch. His observations were made in the intervals of pains. During the pains he thinks the uterus is pushed up still higher; in this respect following Litzmann.

In this communication we record measurements made in the General Lying-in Hospital to verify the statements of the writers above quoted. All the measurements were made, with callipers, from the upper border of the symphysis pubis to the fundus uteri, during the intervals of pains. The first measurement was taken when the presenting part was engaging the brim, the second when distending the perineum:—

No.	Presentation.	Parity.	Height of fundus, head or breech in brim.	Height of fundus, head or breech on perineum.	
1	4th, cranial	1	11 inches	11 inches	
2	1st, ,,	1	11½ ,,	11½ ,,	
3	1st, ,,	1	10¾ ,,	10¾ ,,	
4	1st, ,,	1	10¼ ,,	10¼ ,,	
5	1st, ,,	1	11 ,,	10¾ ,,	
6	2nd, ,,	1	11 ,,	11 ,,	
7	1st, ,,	1	12½ ,,	12½ ,,	
8	3rd, ending 2nd cr.	1	11½ ,,	11½ ,,	
9	1st, cranial	1	11 ,,	11 ,,	
10	4th, ending 1st cr.	3	10 ,,	10 ,,	
11	1st, cranial	1	9 ,,	9 ,,	(8 mos.)
12	3rd, ending 2nd cr.	7	10 ,,	10 ,,	
13	1st, cranial	1	10½ ,,	10½ ,,	
14	1st, ,,	4	7½ ,,	7½ ,,	(7 mos.)
15	2nd, ,,	3	10½ ,,	10½ ,,	
16	1st, ,,	1	10 ,,	10 ,,	
17	1st, ,,	7	10 ,,	10 ,,	
18	1st, ,,	1	10½ ,,	10½ ,,	
19	3rd, ending 2nd cr.	1	10½ ,,	10½ ,,	
20	1st, cranial	12	10½ ,,	10 ,,	
21	1st, breech	1	10¼ ,,	10¼ ,,	
22	1st, ,,	1	10½ ,,	10 ,,	

It will be seen that in no case was the difference greater than half an inch. In all but three of the twenty cases of vertex presentation there was no difference at all. Of those three exceptions, in No. 20 the measurement was half an inch less when on the perineum; in No. 5, a quarter of an inch; and in No. 4, an eighth of an inch.

Measurements were also taken in two cases of breech presentation. In No. 21 the distance between the two points was a quarter of an inch less when on the perineum; in No. 22 it was half an inch less. A few cases were also measured during a pain, the head distending the perineum; in these there was an increase in the measurement varying from an eighth to a quarter of an inch.

In order to guard against any mistake, nearly all the cases were measured two or three times. These measurements, taken with those quoted from other writers, justify the assertion that whether the head or the breech be the presenting part, extension of the fœtal spine is a constant and essential part of the mechanism of the second stage of labour.

Harley-street, W.

DIPHTHERIA AND ACUTE LARYNGITIS.

TWO CASES OF TRACHEOTOMY, AND DEATH RESULTING FROM SUCKING THE TUBE IN ONE INSTANCE.

BY CHARLES ROBERTS, M.R.C.S., L.S.A.

THE following cases present points of interest from the rarity of the operation having to be performed successively in private practice in so short a time, and also from the melancholy sequel to one of the cases. The following are the facts:—On March 28th last I was asked to see, in consultation with Mr. Barry of West Drayton, a little boy aged six years, the son of Mr. C. J. Moore, surgeon, of Yiewsley, who was at that time away from home. The child was suffering from diphtheria, the first symptoms having showed themselves three days previously. On the 29th the membranous deposit had evidently extended to the larynx, and there was croupy breathing, with some dyspnœa. On the 30th the breathing was fairly good, and there were no urgent symptoms. On the 31st, however, the dyspnœa became more urgent, and it was evident that unless relief were given suffocation would ensue. Accordingly, at 4 P.M., the child having been placed under chloroform by my assistant, Dr. Charpentier, and assisted in the operation by Mr. Barry, I opened the trachea and inserted the tube, thereby giving immediate relief, and subsequently several hours of refreshing sleep were obtained. In the early part of the following morning difficulty of breathing was again experienced, and on my arrival at 9 A.M. I found the tube almost completely blocked by false membrane. I immediately removed the inner cannula, and the child at once breathed freely. During the day the tube became blocked on several occasions, and the inner cannula had to be repeatedly removed and cleansed. That night Mr. Moore arrived home, and thinking greater freedom to the breathing would be given removed the inner cannula altogether. The outer cannula then became blocked, and in order to give relief he insisted on sucking the tube in spite of remonstrance from Mr. Barry, who was present at the time, and this he continued to do at intervals until the child's death, although I and others added our remonstrance to that of Mr. Barry. The only precaution he took was to wash out his mouth with a solution of permanganate of potash. The child died on April 3rd, three days after the operation, death being due to exhaustion and impeded respiration; the exhaustion was intensified from the fact that during the last four days the muscles of deglutition were paralysed, and he resisted all attempts to introduce nourishment into the stomach by means of a tube, and the only way of supporting him was by means of nutrient and stimulating enemata.

On April 4th Mr. Moore complained of his throat being sore, and on examining it I noticed the commencement of diphtheritic deposit on both tonsils, and in spite of active treatment this rapidly extended until it covered both sides of the fauces, soft palate, and uvula, which latter became greatly œdematous. Mr. Moore, who was in bad health and suffering from a dilated heart, with œdematous swelling of the legs, rapidly became exhausted, and in spite of all nourishment and stimulant that could be given suddenly expired on the evening of April 7th from failure of the heart's action, six days from the date of having first sucked the tube, and three from the first appearance of diphtheritic deposit.

It will be remembered that I performed tracheotomy on Mr. Moore's child at 4 P.M. on March 31st, and on my arriving home at 5.30 I found an urgent message to attend another child, a girl aged eight years (who was suffering from acute laryngitis) as the parents thought it could not live long. On arriving at the house I found that the symptoms which had been relieved three days previously had returned, and that the child was in imminent danger of suffocation; therefore, with the sanction of the parents, Dr. Charpentier placed the child under chloroform, and I opened the trachea and inserted the tube. The symptoms were so urgent that the child ceased to breathe, and after the introduction of the tube artificial respiration had to be resorted to before animation was restored. For a time the child breathed better, but both lungs became congested, and on the night of April 1st she had several convulsive attacks from which she never rallied, but died on April 2nd, two days after the operation.

Remarks.—Both cases show the value of tracheotomy in prolonging life, for without it the children would undoubtedly have died on the day these operations were performed, whereas one survived three and the other two days. In the first case paralysis of the muscles of deglutition was an unfortunate complication, as it cut off all means of supporting the child by nourishment and stimulants; otherwise the case might have had a different result, for the child was strong and healthy and made a gallant fight for life, and towards the end of the case the bronchi were almost if not quite clear of diphtheritic deposit. An annotation appeared in THE LANCET of April 20th on the death of Mr. Moore from sucking the tube, and I quite agree with the advice given: "We cannot too strongly impress on surgeons and nurses to avoid such a method of clearing a blocked tube." I look upon such a procedure as simply suicidal; and immediately I was told in the presence of Mr. Moore what he had done, the remark burst from me "You are a dead man," and unfortunately my prediction proved only too correct. In THE LANCET of April 27th a letter from a correspondent, "W.," appeared justifying Mr. Moore's rash act on the ground that it was analogous to a person "who can swim trying to save a fellow-

creature from drowning by jumping into deep water. A more weak and illogical argument I have seldom seen put forward. In the latter instance, when rescuer and rescued have both landed, there usually is an end of the case, and the drowning person does not require to be rescued every few hours, as was done in this case by Mr. Moore repeatedly sucking the tube. And again, when the heroic act of the swimmer is over, there is no fear of deadly inoculation working in the system, disease developing in a few days, and death within a week. This case is instructive as to the period of incubation in diphtheria; the tube was sucked for the first time at 11 P.M. on April 1st, and the first symptoms of the disease showed themselves at 6 A.M. on the 3rd, at which time he expressed his opinion to his wife that he had contracted the disease, as he felt unwell, and his throat was sore; so that the period of incubation by inoculation through the mucous membrane may be taken at thirty hours, but the diphtheritic deposit did not manifest itself until twenty-four hours later.

Uxbridge.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF DYSENTERY TREATED BY INJECTIONS OF SULPHATE OF COPPER.

BY W. EASBY, M.D.

THE case narrated in THE LANCET of Aug. 31st by Mr. Hepburn reminds me of a case where injections of sulphate of copper were most successful. The patient, J. O——, aged fifty, was a thin, spare man. He lived in the Cambridgeshire Fens, and in his young days had suffered from ague. The water-supply to his house was very bad; the usual drinking water was rain water kept in a wooden tub, and when this ran short that from the dykes was used. I first saw him on Dec. 31st, 1876; he had all the symptoms of a smart attack of dysentery; these continued for a week, when he was much better. On Jan. 14th, 1877, he had a relapse, but improved by the 20th. On the 21st I heard he was worse, and was passing a lot of blood, and had much tenesmus. I at once prepared an injection of sulphate of copper, 10 gr.; tincture of opium, 1 dr.; and 4 oz. of water. On reaching the house I found him lying in a small pool of blood. He informed me this had been going on all night, and the tenesmus was unbearable, bringing away blood and mucus. I well oiled a large long gum-elastic catheter, and with a finger in the rectum passed it as far into the bowel as it would go, which was at least fifteen inches; through this the copper solution was injected from a small brass syringe; it caused no pain; and in the evening the tenesmus was relieved, and very little blood had passed. On the 22nd he was decidedly better, but more blood in the stools than I liked, so the injection was repeated, and again on the 23rd; and from this date he recovered rapidly. My treatment prior to the copper injection was bismuth, gallic acid, a full dose of powdered ipecacuanha; but nothing gave such rapid and permanent relief as the copper and opium. The diet was purely milk. I have not had such a bad case as this in an adult since, but in children several; and here the same treatment proved successful.

Peterborough.

A CASE OF TETANUS.

BY R. A. JAMIESON, M.A., M.D., M.R.C.P.,
CONSULTING SURGEON TO THE IMPERIAL MARITIME CUSTOMS IN CHINA.

IN the case here briefly reported there was a singular lack of proportion between the phenomena induced, rapidly culminating in death, and their exciting cause. The patient had had no contact with horses directly or indirectly, and no case of tetanus had ever been treated in the ward where she lay.

A Chinese woman, aged fifty-one, field labourer, ruddy and well nourished, was admitted to St. Luke's Hospital for Chinese under my care on July 26th, 1889. For seventeen years she had had a slowly growing, somewhat pear-shaped tumour on the posterior surface of the right thigh, just below the gluteal fold. The tumour had attained the size of a melon, was freely movable on the fascia, and was quite indolent. Its apex was ulcerated, the result of native treatment by plasters, but this ulceration already dated back to nearly a year. The growth and surrounding parts were extremely filthy. As a preliminary to removal, frequent washing was ordered, the ulcerated surface was sprinkled with iodoform, and the tumour was enveloped in freshly carded oakum. This was the only treatment that the patient received. The weather was extremely hot, the thermometer in the shade marking 100° F. on July 27th and 28th. The patient ate well and slept well, and in every respect, except as regarded the local trouble, was in excellent health. On the evening of the 28th she sat for a couple of hours outside the ward door on a staircase through which a strong current of comparatively cold air was blowing. Next morning (29th) she complained of pain and stiffness in the muscles of the neck and inability to depress the lower jaw. The incisors could not be separated to a greater distance than three-quarters of an inch. During the day tetanic spasms in the trunk and limbs occasionally occurred. These became more frequent during the night. On the morning of the 30th the lower jaw was immovable. Temperature obtained in axilla 105·8°, and no doubt higher. Spasms became more frequent, but were never violent. Temperature rose to 107°, delirium lasted for about an hour, giving place to unconsciousness, death following in an hour and a half, thirty-six hours after the onset of the symptoms.

Shanghai.

A CASE OF DOUBLE POLYDACTYLISM, DOUBLE HARELIP, COMPLETE CLEFT PALATE, AND DOUBLE TALIPES VARUS.

BY F. MARSH, F.R.C.S.,
SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM, ETC.

THE following case presents features of teratological interest. A male infant, three days old, was brought as an out-patient to the Children's Hospital, Birmingham, on Sept. 9th, 1889. On each hand there was a supplementary digit attached by a narrow pedicle to the skin over the ulnar side of the head of the fifth metacarpal bone. Each digit, including the nail, was perfect, and almost equal in size to the adjoining little finger. Both hard and soft palates were fissured, the cleft in front being distinctly to the left of the mesial line. The double harelip and the talipes were severe examples of their respective deformities. In other respects the infant was normal and fairly nourished. It was, however, very feeble, and died from malnutrition on Sept. 16th. The mother had previously given birth to nine children, all of them healthy and in no way deformed. Careful inquiry failed to elicit any history of polydactylism in any branch of the family. No "maternal impressions" had been received, the deformities being both unexpected by, and inexplicable to, the mother.

The case is an unusual one, if not a unique one, combining as it does deformities the result of three different causes: (1) the extra digits due to developmental excess; (2) the harelip and cleft palate due to developmental arrest; (3) the talipes varus due to fœtal malposition or mechanical pressure in utero.

Birmingham.

GLYCERINE OF BORAX IN THE DIARRHŒA OF INFANTS.

BY E. MANSEL SYMPSON, M.A., M.B. CANTAB.

IF we regard infantile diarrhœa as due to the excessive fermentation of food in the intestinal canal causing irritation and a catarrhal condition of the intestinal mucous membrane, it seems reasonable to look for a remedy to act both on the cause and effect. Glycerine itself is an antiseptic of no mean order, and relieves the congestion and pain of inflamed piles, chiefly mucous surfaces, while every

mother knows the virtues of glycerine of borax when applied to the mucous membrane of the mouth. So it was no great step to introduce it further into the alimentary canal. Whether fed from the breast or brought up by hand, the motions of patients with diarrhœa infantum were like curds of milk, sugesting that the irritated intestine had hurried its contents on as quickly as possible. Again, they were very foul-smelling, suggesting great fermentation. Therefore the glycerine of borax has to do two things: to act as an antiseptic to prevent excess of fermentation in the stomach and intestines, and to soothe the mucous membrane thereof in passing over it. I have found it answer capitally; the children like it, it lessens the griping pains, it renders sweet the offensive motions, and it stops the diarrhœa. One case died while under this treatment; the child was seven months old, had had diarrhœa two days, and was utterly worn out when I saw it. But I suppose there always will be cases which come under our notice too late for cure. I give it as follows: Glycerine of borax, twenty minims; tincture of orange, three minims; distilled water to one drachm. To be given every one, two, or three hours, according to the severity of the case or the age of the patient.

CORNUA CUTANEA.

By H. HOLDRICH FISHER, M.B.

HORNS growing from the skin are considered somewhat uncommon; the following case came recently under my observation in a labouring man of sixty-five years. The horn projected for an inch from the lower lip on the right side; it had a blunt extremity, was firmly adherent, and the skin around at the base superficially ulcerated. He stated that it had first appeared as a small warty growth three years ago, had slowly increased, and after being cut off with a razor on two occasions seemed to grow again quicker each time. On the opposite side of the same lip was what appeared to be another warty growth in its early stages. He was in the habit of holding his clay pipe this side, and not on that from which the horn grew. There were no glands enlarged, and the patient was in good health. The treatment consisted of removing the horn, together with the part of the lip that it was attached to, by a small V-shaped incision under cocaine locally injected, and bringing the edges together with one or two sutures.

Kettering.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA PARK.

A CASE OF ABSCESS OF THE BRAIN COMPLICATING DISEASE OF THE LUNG; NECROPSY; REMARKS.

(Under the care of Dr. SAINSBURY.)

CASES of abscess of the brain, secondary to suppuration elsewhere, but independent of symptoms of general pyæmia, constitute, according to Dr. Gowers, about 10 per cent. of all cases of cerebral abscess. Of this group the primary focus of suppuration is most commonly to be found in the lung. The pathology is somewhat mysterious, and though in the present instance no new light is thrown on the subject, yet the comparative infrequency with which such cases arise makes it advisable that they should be recorded. For the notes of the case we are indebted to Dr. Chaplin, house physician to the hospital.

W. J——, aged forty-six, an engine driver, was admitted into Victoria Park Hospital on July 8th, 1889, under the care of Dr. Harrington Sainsbury. He complained of spitting of blood and phlegm, pain in the right side of his chest from the level of the sixth rib to the right hypochondrium, and considerable emaciation. There was no history of lung disease in his family. He had been in Egypt for three years, and had enjoyed excellent health until December, 1888. In April, 1889, he went through an attack of pleurisy in the right chest. In May he began to expectorate tenacious yellow phlegm, and at the end of June hæmoptysis set in and continued without intermission until his death.

Upon admission he was coughing up daily about three-quarters of a pint of grumous blood, mixed with phlegm and shreddy elements. His temperature was 101·2°, and he complained of pain at the base of the right lung. The following physical signs were made out at his right base:—Impairment of percussion note from the level of the angle of the scapula to the base, vocal vibrations diminished, breathing sounds very feeble, and vocal resonance diminished and altered in quality. An exploring trocar was introduced and some dark grumous blood withdrawn, mixed with pus. In spite of all treatment the hæmoptysis continued without abatement. On Aug. 1st he complained of the fingers of his right hand becoming at times firmly closed, the spasm lasting from a few seconds to a minute before the fingers could be unclosed and stretched out. On the 8th, at about 2.30 P.M., the patient was found unconscious. The pupils were unequal, the left being widely dilated. There was no conjugate deviation of the eyes. The right arm and leg were in a state of clonic spasm. The muscles of the face and neck upon the right side were tonically contracted, and he passed his urine and fæces under him. After remaining in this state for an hour and a half he suddenly had an epileptoid fit. Both pupils were now dilated. The eyes deviated to the right side, and there was tonic spasm of the right leg and arm, giving way after a few seconds to clonic spasm of that side, and then to general clonic spasms of both sides of the body. During the intervals of the fits the pupils were noticed to rhythmically contract and dilate. The patient continued to have the fits until 2.40 A.M., having fifty-five in all. He remained unconscious until he died at 11 A.M. on Aug. 9th.

The necropsy was performed by the pathologist, Dr. Wethered, who found the following morbid appearances:—The dura mater was firmly adherent to the vault of the skull. The arachnoid space contained a large excess of fluid. The anterior convolutions of the left side of the brain were somewhat flattened and soft to the touch. On cutting into the left frontal lobe, a small abscess, filled with pus, about the size of a filbert, was seen situated in the posterior part of the third frontal convolution and extending to the lower part of the ascending frontal convolution. The abscess wall was thin and injected, the brain substance around being œdematous, but otherwise healthy. At the base of the right lung, which was adherent to the diaphragm and chest wall, was an irregular cavity the size of a large walnut, with thin, smooth walls and filled with grumous bloody material. The cavity was near the posterior surface of the lung; it communicated with a bronchus, and a small pulmonary aneurysm of the size of a pea projected into it. This aneurysm contained a soft clot and opened into an artery. The lung substance around the cavity was congested and œdematous. There was nothing else of a morbid nature in the lungs except a few adhesions over the left apex. There was no disease of the valves of the heart.

Remarks by Dr. SAINSBURY.—The following points are, I think, worthy of note. The occurrence of a smooth-walled cavity, in communication with a bronchus, at the base of the lung; the adherent state of the base of the lung to the chest wall and the diaphragm; and the absence of disease elsewhere in the lungs, saving a few adhesions over the left apex; the arising of this state of things in sequence to a distinct attack of pleurisy in April, 1889; the absence of any history of the sudden expectoration of pus such as might have indicated the presence of pneumonia (along with the pleurisy) and its termination in abscess; the absence of any history of lung disease in the family. The conclusion is, I think, fair that the cavity was bronchiectatic in nature. It will be observed, however, that the base of the lung, though adherent by its surface, was not cirrhotic. The occurrence of severe hæmoptysis as a symptom in bronchiectasis is, I think, uncommon. Its dependence upon an aneurysmal dilatation is noteworthy. The expectoration was not fetid; this is probably to be explained by the constant oozing of blood into the small

cavity, which led to the frequent expulsion of the contents of the cavity—a washing out not wholly desirable. Next we have the occurrence of an abscess in the left cerebral hemisphere, which we must take to be secondary to the lung disease, without there having been any symptoms of blood poisoning. The temperature throughout was but little raised, the maximum rarely exceeding 100° F., the minimum touching or falling slightly below normal; there were at no time rigors or sweatings.

TAUNTON AND SOMERSET HOSPITAL.

DISLOCATION ON TO THE DORSUM ILII IN A CHILD; REMARKS.

(Under the care of Mr. FARRANT.)

DISLOCATIONS at the hip-joint are of such rarity as to make them interesting, especially when they occur in childhood, for in children the femur is very easily broken, yielding to a force which would otherwise be sufficient to produce rupture of ligaments and displacement. Malgaigne gives a list of fifty-one dislocations of the femur, but out of these only one was under the age of fifteen years. Sir Astley Cooper collected a series of fifty-six dislocations of this joint; in forty-five of these cases in which the age is mentioned, only seven were under twenty years of age. Hamilton gives the proportion of dislocations of the hip-joint in children (i.e., under fifteen years of age) as fifteen out of a collection of eighty-four. For the notes of this case we are indebted to Mr. W. B. Cosens, house surgeon.

Chas. T——, aged seven, was taken to the casualty room of the hospital on July 26th, 1889, the father saying that the boy's "hip was out." At the same time he gave the following history of the injury. Whilst playing at a "three-legged race," his right leg being fastened by means of a handkerchief to his companion's left leg, he stumbled and fell, his left leg being under, the other boy falling across him. He felt something "go," and on attempting to rise found his leg powerless. On admission the following was his condition. He complained of pain over the left hip-joint, and the left thigh was semi-flexed, adducted, and rotated inwards, the ball of the great toe almost resting on the dorsum of the right foot; the great trochanter was above Nélaton's line. On attempting to extend the leg, the boy immediately cried out with pain. The head of the femur was easily felt, resting on the dorsum ilii. The dislocation was easily reduced by flexing the thigh on the abdomen, rotating outwards, and quickly bringing the leg down to a straight line with the body, the head of the femur entering the acetabulum with an audible click. A long outside splint was applied and the boy kept in bed for three weeks.

Remarks by Mr. FARRANT.—I think little apology is needed for recording the case owing to the extreme rarity of dislocation of the hip-joint in young children. Erichsen mentions two cases in his book on Surgery—one on to the pubic bone in a child aged one year and a half, another on to the dorsum ilii in a boy of six. In THE LANCET of 1868 Mr. Powdrell recorded a case in which the head of the femur was displaced into the foramen ovale at the age of six months, and reduced by manipulation. The case recorded above has done well, there being good movement in the joint at the end of three weeks, and, at the end of six weeks, the boy was running about as if nothing had happened.

BRECKNOCK INFIRMARY.

A CASE OF TRAUMATIC TETANUS; RECOVERY; REMARKS.

(Under the care of Mr. D. V. REES.)

WE publish below the account of a case of traumatic tetanus which came on five days after the receipt of injury, and terminated, rather more than four weeks after its commencement, in recovery. The symptoms throughout appear to have been of subacute character, excepting for the attacks which affected the muscles of the glottis. In the editorial remarks to a case successfully treated by[1] nerve excision and chloral hydrate, we mentioned at some length various methods of treatment which had been employed, and drew attention to those which had proved most successful. Of these, chloral hydrate was at the head of the list, the larger proportion of recoveries having followed its exhibition alone, or associated with other remedies. The effect produced by the salicylate of eserine will be noted with interest. For the following account we are indebted to Mr. J. R. J. Raywood, late house surgeon.

T. V——, aged seven years, was admitted on May 7th, 1888. He was a fairly well-nourished boy, and had never had any serious illness. On April 30th he burnt his left leg with a hot flat-iron just below and external to the head of the fibula; the wound inflamed and suppurated, though not sufficiently to prevent his going to school. On May 5th his father noticed the boy's face "drawn," and he complained of stiffness about his jaws, and had some difficulty in opening his mouth. On May 6th he was seen by the visiting surgeon, who found his condition as follows. Risus sardonicus and trismus well marked, muscles of back, neck, and abdomen rigid and fixed with occasional tonic spasm; bowels confined; tongue coated with thick white fur; pulse 80 per minute; temperature 98·8°; intellect clear; he spoke in a whisper, and screamed and called out when the spasms came on. There was a small wound just below the head of the left fibula about two inches long by an inch and a half wide, granulating and suppurating. He was ordered five grains of calomel at once and five grains of bromide of potass in two drachms of water every four hours. When admitted on May 7th all the above symptoms were present, and there was also occasional spasm of the glottis and opisthotonos. The spasms came on very often, during which time the heart beat tremulously and the whole body was bathed in perspiration. A hypodermic injection of salicylate of eserine ($\frac{1}{100}$ gr.), every three hours, was now ordered, and the following mixture: ten grains of bromide of potass, half a drachm of the syrup of chloral hydrate, in half an ounce of water; to be taken every three hours, the medicine being given an hour and a half after each injection. Diet, beef-tea and milk.

May 8th.—Slept at intervals during the night; several very severe spasms of the glottis, all the other symptoms the same. Bowels confined. Temperature 99°. To have an enema of warm water when necessary.

9th.—Sleeps continually except when spasms come on; takes nourishment well but mouth firmly fixed and nearly closed. Temperature 98·6°; pulse 76; respiration 17. In the evening had a severe spasm of the glottis, which lasted nearly two minutes, but rallied after warm fomentations to the chest and neck. The injections of salicylate of eserine to be increased to $\frac{1}{50}$ gr. every three hours; the mixture to be continued as before.

10th.—The spasms are less frequent; he is very drowsy; breathing slower; some stertorous breathing, and he sneezes frequently; pupils minutely contracted; the wound on the leg is healthy and dressed with zinc ointment. Temperature 98·8°; pulse 78.

11th.—Sleeps nearly all the time. Spasms not so frequent. Still sneezes frequently; this is followed by a general tonic spasm of muscles of abdomen, back, &c. Pulse weak and compressible. The risus is not so marked, and he opens his mouth a little better. Temperature 98·8°. To have two ounces of brandy daily.

12th.—Two injections were omitted during the night. The spasms are more frequent again; the other symptoms continue the same. Bowels act every day after an enema. Temperature 98·8°.

13th.—Much improved. Rigidity of muscles not so great. Temperature 98·6°.

15th.—The spasms only affect the back and the face now. Pulse strong. Takes nourishment well. Temperature 98·6°.

18th.—Rigidity of abdomen still continues. Can open his mouth widely. There are a few moist râles at both bases of lung. Temperature 99·4°. To omit medicine, and inject eserine ($\frac{1}{50}$ gr.) three times a day. Wound quite healed.

19th.—Risus and trismus almost gone. Had only three slight spasms to-day. Temperature 98·6°; pulse 86; respiration 19. Took a little solid food to-day.

30th.—Can sit up in bed without assistance. Is taking food well. Omit the injection.

June 7th.—All rigidity has now gone. To get up.

17th.—Left to-day quite well, and has gained in weight considerably.

Remarks by Mr. RAYWOOD.—The success attending the treatment of this case is worthy of notice, for in nearly all the published cases of tetanus eserine was either not given, or if given it was not pushed until the physiological effects

[1] Mirror of Hospital Practice, THE LANCET, vol. ii., p. 114, 1889.

of the drug were shown. Here its action was most marked; for although the bromide and chloral may have assisted to recovery, yet these drugs had no direct control over the spasms, for whenever a dose of eserine was omitted the muscular spasms were stronger and more frequent, and no relapse occurred when the bromide and chloral were discontinued. It was also noticeable that the temperature was never above 99·4°.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

A MEETING of this Society was held on Wednesday, Oct. 2nd, Dr. A. L. Galabin, President, in the chair.

A report was read on Mr. Stewart Pollock's specimen of Dermoid Ovarian Tumour from a mare, exhibited before the Society in July.

Dr. WILLIAM DUNCAN exhibited: (1) A Dermoid Ovarian Tumour; (2) an Ovarian Cyst; (3) Pyometra and Pyosalpinx, with Suppurating Kidney and Thrombosis of the Renal Artery, from a patient subject to syphilitic disease of the rectum.

Dr. J. PHILLIPS showed some Blue Urine from a case of cyanuria.

Dr. CULLINGWORTH exhibited a Hæmatosalpinx from Rupture of a Varicose Vein in the Fallopian Tube.

Mr. WOODLEY SLYMAN brought forward an Acardiac Fœtus with Rudimentary Heart.

Dr. J. SHAW exhibited a Uterine Douche.

A Contribution to the Anatomy of the Pelvic Floor.—A paper on this subject was read by Dr. HERMAN, in which measurements were detailed which show the great normal variations in the conformation of the parts which form the floor of the pelvis. It was shown that the projection of the pelvic floor varies from none at all to as much as two inches, and that in healthy nulliparæ the distance between the coccyx and anus, the length of the perineum, the distance between the fourchette and the symphysis pubis, and the length of the vagina, are subject to wide variations. It was pointed out that since these variations exist in healthy nulliparæ, peculiarities observed in parous women should not be assumed to be changes due to childbearing unless it has been ascertained that they were not present previous to pregnancy. The clinical importance of these anatomical variations in their bearing on the liability to rupture of the perineum and to prolapse, the adjustment of pessaries, and some forms of dyspareunia and sterility, was indicated.

On the Changes in the Pelvic Floor which accompany the Slighter Degrees of Prolapse.—This subject was also introduced by Dr. HERMAN, who described the descent of the pelvic floor which takes place during effort in health and is morbidly increased in prolapse. Measurements were given which showed that this descent in health probably does not exceed three-quarters of an inch. This descent takes place partly by stretching of the sacral segment of the pelvic floor in an antero-posterior direction, and partly by its recession downwards and backwards from the symphysis pubis, a movement which implies transverse stretching. In the antero-posterior stretching the perineum and the part posterior to the anus take part to about the same proportionate extent. This normal descent of the pelvic floor is accompanied with descent of the uterus into the vagina to the extent of about five-eighths of an inch. These changes may be morbidly increased and their relative extent morbidly altered. The descent of the pelvic floor may exceed two inches. This morbid increase of descent of the pelvic floor may be present without increased descent of the uterus into the vagina. In other cases it may be accompanied with descent and protrusion of the anterior segment of the pelvic floor, with or without the uterus. In such cases, when a protrusion at the vaginal orifice has taken place, further effort increases this protrusion, but does not increase the descent of the sacral segment of the pelvic floor. Backward displacement of the uterus is often present without more descent of the uterus or of the pelvic floor than is present in most healthy women; but in most cases of backward displacement of the uterus the descent of the uterus and pelvic floor is increased. Backward displacement of the uterus is not associated with shortness of the vagina. Although the symptoms of descent are usually relieved by suitable mechanical support, yet the amount of descent of the uterus or of the pelvic floor is not the measure of the severity of the symptoms. There may be symptoms with slight descent in some patients, much descent without symptoms in others, and in the same patient the symptoms may be present at one time and absent at another, although the amount of descent has not varied; showing that the symptoms are conditioned more by the state of the nervous system than by the local mechanical changes.—Dr. GRAILY HEWITT considered that Dr. Herman deserved much credit for his analysis of the phenomena observed in cases of slighter degrees of prolapsus. The subject was of vast importance, for the effects of so-called minor displacements, though not dangerous to life, destroyed all enjoyment of it. The patient's sufferings often became intensified, so that in later years serious impairment of the uterine functions often followed neglect of the symptoms of minor displacements in their earlier stages. Dr. Hewitt was glad to find himself in agreement with Dr. Herman on many points in reference to descent of the uterus and its effects in producing suffering. He believed, however, that in these cases the principal cause of the suffering was the exaggeration and intensification of the version or flexion of the uterus more frequently associated with descent of that organ. Descent of the uterus pure and simple was rare, but descent accompanied with flexion or version was very common. In estimating the effects of the displacement it would be necessary to find out how much of the suffering was due to the mere descent and how much to the increased flexion or version. So far as backward displacement was concerned, Dr. Herman noted that descent was thereby increased. Nothing had been said about anteflexion. Dr. Hewitt believed that anteflexion not yet rigidly set in that shape, the uterus being still fairly movable, might be regarded as not abnormal. The case was quite different when the organ was sharply bent forwards, the fundus low down, and the uterus firmly resisting alteration of shape and position. Dr. Herman noted several cases of cystocele. In these cases the anteflexion was probably an important causative element. Descent of the pelvic floor was chiefly important because it brought about increase of flexion, and consequent increase of discomfort.—Dr. HERMAN regarded anteflexion as one of the natural shapes which the uterus might assume. He had investigated the frequency of anteflexion in the healthy uterus, and laid the results before the Society.[1] Vedeler had made a similar research, with substantially the same result—namely, that acute anteflexion was very common in health. No one else had investigated the question. Backward displacements caused symptoms in but a small minority of cases; not by any effect of the bending of the uterus, but by the torsion and pressure on the broad ligaments which returned the blood from the uterus. In a case described that evening a patient was kept for two months in hospital, and all her symptoms went away, yet the retroflexion remained exactly as it was on admission, showing that it was not an important feature of the case.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

THE opening meeting of the eighth session of the above Society was held on Friday, Oct. 4th, in the board room of the West London Hospital.

Mr. KEETLEY showed some Loose Cartilages removed from two knee-joints; also a portion of a Kidney crushed off by a waggon wheel, and removed through a lumbar incision.

Mr. PERCY DUNN showed some recent additions to the Museum of the West London Hospital.

The PRESIDENT (Dr. H. Campbell Pope) then gave his address on "The Beginnings of Disease." He began by congratulating the members of the Society on its increasing success, and then proceeded to state what was to be understood by the term "beginnings of disease." He quoted Dr. Andrew's remark in his Cavendish lecture, that "all disease begins, mediately or immediately, in the environment," and went on to speak of Dr. Harry Campbell's statement, in his work "On the Causation of Disease," that "the environment is in the last resort the sole cause of

[1] Transactions, vol. xxiii.

disease." This work, however, discussed the general origin of disease, whereas the President wished to consider the question of disease as affecting the individual. The best way of studying the interactions of organism and environment was by getting to understand the nature of these factors, and how they react on one another. As an example of the influence which environment brings to bear on organism, the case of the Bach family was cited, whose adaptation to musical surroundings during four generations culminated in the production of the great genius, John Sebastian Bach. The effect of environment on structure, both as to development and quality, and in intra-uterine life and after birth, was then discussed. The part which heredity plays in the formation of structure having been referred to, the speaker came to the consideration of the production of disease by the want of harmony between structure and environment. This point was illustrated thus: "Let S (structure) represent a literary man of slight muscular development, and let E (environment) represent his accustomed sedentary work and mental surroundings. We will suppose him to have inherited an average structure, and that his immediate surroundings are free from glaring sanitary defects. We shall here get a fairly normal interaction and a fairly healthy life. But place this S (the literary man) in a fresh E, let him take his place in the blacksmith's smithy for a week, if he has not by the end of that time strained his cardiac valves, or ruptured himself, he has in all probability, from the exposure to great variations of temperature, contracted some catarrh or inflammation. Here S + E = abnormal life or disease. It is, then, best to speak of this as abnormal – E, so far as that particular S is concerned; we thus get S + abnormal E = disease. Similarly, by reversing our example, and putting the blacksmith in the student's library, we might in the same time find him suffering from hæmorrhoids, or exhibiting signs of inhibitory paresis, such as restlessness and the use of unparliamentary language, even if mental alienation had not already occurred. But, on the other hand, these structures are also abnormal to their changed environment—that is to say, S and E are *both* abnormal the one to the other." Having spoken of "inevitably abnormal environments," Dr. Campbell Pope concluded by indicating the bearings of his subject on the ordinary work of the practitioner of medicine.

Reviews and Notices of Books.

Inorganic Chemistry. By IRA REMSEN, Professor of Chemistry in the Johns Hopkins University. London: Macmillan and Co. 1889.

WE close this book with a feeling of disappointment. Professor Remsen had given us so excellent an introductory text-book of organic chemistry, that we hoped to find in this larger manual an important contribution to scientific literature; but in spite of many merits, it is impossible to regard it in this light. It may be briefly described as an elementary primer swelled into a large octavo book of over 800 pages. The style is lucid, the illustrations fairly good, and the printing and paper excellent, but the whole of the matter might with advantage have been condensed into half the space. The periodic arrangement has been adopted, but not followed slavishly, whereby some practical inconveniences are avoided. The plan bears some resemblance to that of the second volume of Miller's "Elements," inasmuch as general principles and laws are for the most part interspersed in the text instead of being treated in preliminary chapters, as in Graham's well-known and admirable "Elements." Thus we find Diffusion described partly under Hydrogen (p. 45) and partly under Silicon (p. 421), and the little that is said on thermo-chemistry is similarly scattered. There are some advantages in this system, but they only accrue when the book is read straight through, and they are balanced by the disjointed manner in which important theories are presented.

The chief faults of the book are the very insufficient space devoted to physical phenomena; the almost entire absence of references to larger works, original memoirs, and the names of discoverers; and the sketchiness and insufficiency of the chemical facts given. Too much space has been devoted to structural formulæ, which are moreover printed with quite unnecessary diffuseness, and the result has been that the accounts of important elements and compounds are often very incomplete. It was part of the author's plan to exclude physics as much as possible, but the exclusion, or rather the compression, has been carried too far, and has marred the usefulness of the whole book. Thermo-chemistry is one of the most important adjuncts to modern chemistry, and it is almost as important to know the calorific equivalent of a reaction as to know the symbols which represent the change of matter. Yet we find nothing here but the baldest generalities, and the heats of combustion, even of such elements as carbon and phosphorus, are not given. The whole subject of spectroscopy, not wholly unimportant to chemistry, is dismissed in two pages of loose description, in which not a word is said of the identification of spectra by wave-lengths. Electrolysis is disposed of in a page, and the account of it is so meagre as to be misleading. Then, again, with regard to specific gravity and solubility. Surely these physical peculiarities do not lie outside the province of chemistry, and yet we are not told the specific gravities of diamond, graphite, sulphur, iodine, or white arsenic, to take a few haphazard illustrations. Of iodine we are told that it "dissolves slightly in water"; of hydriodic acid, that it "dissolves in water in large quantity"; and of white arsenic, that it is "difficultly soluble in water." We could quote many similar instances, but it is enough to say generally that the book is loosely compiled, not original in any true sense, and inferior to less pretentious manuals already well known.

An Appendix of nearly 100 pages gives directions for the performance of experiments in illustration of the matter of the text. Some few of these are novel and good, but the majority are well known, and many hackneyed.

The Elements of Vital Statistics. By ARTHUR NEWSHOLME, M.D. Pp. 326. London: Swan Sonnenschein and Co. 1889.

THIS volume is a valuable and much needed addition to statistical literature. It lays down clearly the principles on which inquiries in the branch of vital statistics should be conducted, and points out the errors into which persons ignorant or regardless of these are likely to fall. It is often said that "figures will prove anything," and so they will at any time, if used dishonestly, and very often if used honestly but ignorantly. The latter we believe to be the more frequent cause of the erroneous results deduced from numerical investigation. It is with a view to lessen as far as possible this source of error that Dr. Newsholme has compiled this excellent guide-book. The work may be said to consist of three divisions: 1st, the method of collecting and arranging the necessary numerical data; 2nd, the use to which, and the manner in which, these may be applied; and, lastly, a brief but clear statement of some of the chief fallacies too often met with in medical statistics. Under each he lays down the principles on which the work should be done, and illustrates these by examples taken, in most instances, from the Registrar-General's Reports. In the last chapter he gives a concise summary of the more important statistical errors, to many of which he had already called attention. These he classifies under the two heads of "Fallacies of Observation" and "Fallacies of Inference," and treats under the following subdivisions:—(1) Errors from paucity of data; (2) from inaccuracy or incomparability of data;

(3) errors in comparing total deaths in successive years; (4) errors in regard to averages; (5) errors in connexion with average strength; (6) fallacies of hospital statistics; (7) errors from the composition of ratios; (8) fallacies arising from stating deaths in proportion to total deaths. Each of these is illustrated by one or more striking examples, which we do not quote, in the hope that our readers may for themselves carefully study the facts there stated. To those who are not experts in statistical science we recommend this work as containing a clear statement of the principles of vital statistics, intelligible rules for the collection and application of numerical data, and a useful caution against the errors into which, through ignorance, honest inquirers are but too likely to fall. Dr. Newsholme quotes the four chief rules of Quetelet, that great master in statistical science, as "worthy to be held in remembrance—(1) Never have preconceived ideas as to what the figures are to prove; (2) never reject a number that seems contrary to what you might expect merely because it departs a good deal from the apparent average; (3) be careful to weigh and record *all* the possible causes of an event, and do not attribute to one what is really the result of a combination of several; (4) never compare data which have nothing in common. Were these rules constantly followed the science of statistics would be much more respected than it is, and the value of its results would be greatly increased."

New Inventions.

INSTRUMENTS FOR THE TREATMENT OF RECTAL DISEASE.

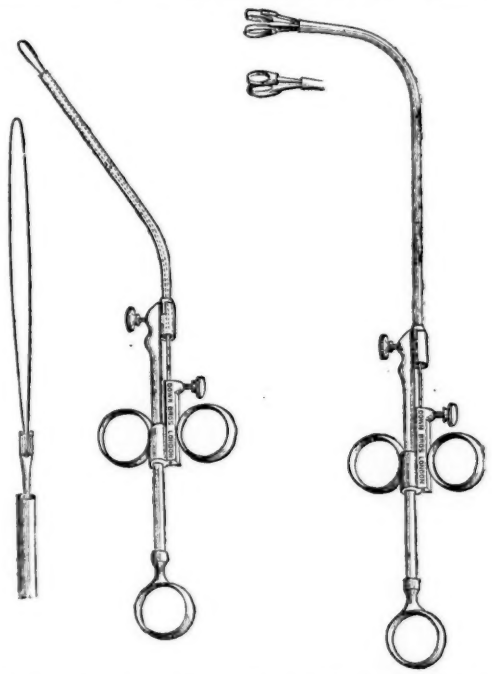
WE have received from Messrs. Burroughs, Wellcome, and Co. specimens of two instruments designed by Dr. Ward Cousins for use in the treatment of rectal disease. We have given them a long trial, and, as they answer the purpose for which they were invented, can recommend them to the profession. They are (Fig. 1) an ointment introducer, designed for the efficient introduction of ointments within the sphincter, so that they may be the better distributed over the mucous membrane of the rectum. "It consists of a very smooth anal tube, a cylindrical receptacle for the ointment, and a vulcanite piston. The ointment is projected through the anal tube, at the end of which there are perforations, by compressing the piston with the finger." Fig. 2 represents the anal injector, and is intended for the introduction of fluid applications to the rectum. It is made with a somewhat similar anal tube, but has a ball syringe attached to it, which will hold a measured quantity of fluid. It will be found very useful for the administration of the glycerine enema.

FIG. 1.

FIG. 2.

NEW NASAL SNARE AND LARYNGEAL CURETTE.

THE nasal snare is known as Professor H. Krause's, of Berlin. The special advantage is that the wire loop is a short one, and is attached to the end of a rod running in the cannula and fixed to the handle by a screw, so that the loop is easily adjusted, and when broken is easily replaced. Moreover, it can be at once re-protruded by pushing down the handle. It will be immediately seen that there is an immense saving of time and trouble. It is also very powerful.



The polypus can be cut through or dragged away. The cannula is movable, so that to the same handle can be fitted the laryngeal curette. This is valuable in removing tuberculous infiltrations. There are two terminals—one acting antero-posteriorly and one laterally. Messrs. Down Brothers of St. Thomas's-street, S.E., have made the instruments for me. I have found the nasal snare so valuable that I am sure many will be glad to know of it.

Weymouth-street, W. CHARTERS J. SYMONDS.

ANDERSON'S COLLEGE MEDICAL SCHOOL.

To the Editors of THE LANCET.

SIRS,—In your issue of Oct. 5th, and under the heading "Scotland (from our own correspondents), Glasgow," I have with much surprise read the following statement:—"The teachers in Anderson's College Medical School are understood to be favourable to the admission of women to their classes, and to be ready to undertake the management of '*mixed*' classes of male and female students." In reference to this I feel it to be my duty to say that I am strongly opposed to *mixed* classes; and, further, that I am strongly opposed to the admission of women to our *New* Medical School under any circumstances at the present juncture.—I am, Sirs, yours truly,

A. M. BUCHANAN, M.D.,
Professor of Anatomy and Dean of the Medical Faculty of Glasgow, Oct. 8th, 1889. Anderson's Coll. Med. School.

QUARANTINE.—The British representative at Alexandria telegraphed, on Oct. 5th, that Bombay had been released from quarantine.

THE LANCET.

LONDON: SATURDAY, OCTOBER 12, 1889.

COMPETITION in medical education is an excellent thing, but it has its inconveniences and unseemlinesses as competition has in other spheres. The truth of this proposition is illustrated particularly by what is going on just now at Glasgow. Since the removal of the ancient university of that city westward and the erection of the Western Infirmary in 1874, the connexion of the University with the Glasgow Royal Infirmary, with its grand clinique of 542 beds, has ceased. This latter is the hospital in which more historical work has been done of late years than perhaps in any other in the world. It was as surgeon to this hospital that Sir JOSEPH LISTER wrote in THE LANCET his first articles on Antisepticism in Surgery, which have revolutionised the art; and it is here that Dr. WM. MACEWEN has performed those brilliant feats of cerebral and osseous surgery the mere description of which last year at the meeting of the British Medical Association in Glasgow led the audience to rise to their feet and cheer the modest surgeon. No wonder that Glasgow medical men sighed when they thought of the comparative effacement of this magnificent institution, and longed to bring it into greater efficiency and prominence as a centre of medical and surgical teaching. It is all very well to write, as some writers do, as if hospitals were injured by being turned to educational uses. On the contrary, they are perfected. The medical officers act under public criticism. The students are ready to help in dressing and in "clerking" the cases, and everything is done systematically and with a minuteness that is not possible without a good medical school. The absence of such a school and the monopoly of the Glasgow University, with its smaller Infirmary, have led the managers of the Royal Infirmary and others to put forth a great effort to establish an efficient College in connexion with the Royal Infirmary, in which not only Medicine but all the other Faculties should be recognised and taught. There has been, since the migration of the University westward, a Royal Infirmary Medical School; but it has not thriven, and the attempt to which we refer is to create a College really worthy of the clinical field of the Royal Infirmary and of other appliances and laboratories connected with it. The effort is most laudable if somewhat ambitious. But for the moment, in the medical world at least, it has excited more criticism than praise. This criticism has reference, chiefly, to the way in which appointments, have been made in the new school called the St. Mungo's College. It is a bold thing for any English critic to venture to interfere in a Scotch fight. Medical school disputes in Scotland are perhaps the most inflammable of all controversies. In Edinburgh men have become more philosophical now, but these fights used to divide universities from colleges, and one set of university professors from another. And, if tradition speaks truly, on a celebrated occasion one eminent Scotch surgeon lay in wait to horsewhip another. But distance in regard to such conflicts is not altogether a disadvantage, and we cannot be indifferent to that which affects the fair name of Medicine and its efficient teaching in such a city as Glasgow. Scotland teaches nearly as many men in Medicine as England does, and a large proportion of them are destined to practise in England. It concerns us to know the genesis of medical schools and the guarantees for their efficiency. We must not speak about other Faculties, but content ourselves with the medical department, and the way in which its chairs have been filled. Even so, we can only state the principal facts, which have been the subject of severe articles in the press, both lay and medical. We ourselves have received a number of highly interesting letters on both sides of this controversy, the drift of which only we can hope to give to our readers, together with the impressions they have left on our minds.

The chief promoters of the St. Mungo's College are a party well known in Glasgow as University Reformers, men who object to the monopoly of higher education by the University, who wish to develop extra-mural genius and merit, and who have naturally seen in the Royal Infirmary a means of attaining their end. Some of their hostility may perchance have a tinge of personal feeling and dissatisfaction. Even in the purest reformers there is apt to be an admixture of such baser elements. But it is not necessary to deny high and disinterested motive to such reformers, with whom we have considerable sympathy. When the appointments to the new College had to be made there were clearly two ways of making them open to the governors: one by advertisement and public candidature and the selection of the fittest; the other by a committee of selection, whose choice should be submitted for ratification to the governors. The latter was chosen. The result is a *casus belli*, which fills the Glasgow medical world with charges of favouritism and jobbery and self-promotion. It is impossible to avoid mentioning one gentleman who is credited with much responsibility in these matters—Dr. D. C. MCVAIL. Dr. MCVAIL is too strong a man to mind having his whole share in these transactions discussed, and we have too much admiration for his individuality and force of character to shirk our duty of criticism, the more so as with perfect candour he has placed before us his statement of the case. Dr. MCVAIL long before the incorporation of the College was a University reformer. Since its incorporation he has become a governor of the College; and previously to his being appointed as a physician, he was a manager of the Royal Infirmary. Moreover, he was already one of the academic committee to which was delegated the selection of professors and lecturers, and he seems to have actively negotiated with men as to the acceptance of particular chairs. Nothing can at first sight be more indefensible than such a mode of selection. Dr. MCVAIL has, as we should expect, the courage of his position, and he defends the selections, including his own appointment as professor of clinical medicine and as extra-physician to the Royal Infirmary, though he had not before been on the staff of that institution. He defends the mode of appointment on three grounds: Firstly, and mainly, that by the articles of incorporation, the managers were to provide, *inter alia*, for "the absorption and continuance of the Glasgow Royal Infirmary

School as a part of St. Mungo's College. This they liberally interpreted to mean the taking over of the staff of the school to the College. Secondly, it was represented that many of the most indispensable men, especially in the Faculty of Law, though willing to take chairs offered to them, would not respond to advertisements. Thirdly, that the Governors were influenced by precedent in such matters, and that the precedent to follow was that of the Scottish Universities who never advertise, but elect as patrons.

The opponents have shown some considerable flaws in these arguments, though we admit there is much force in them in spite of Dr. MCVAIL having profited much by his own reforms. A reformer must often benefit inevitably by the alterations which he himself has mainly brought about. Witness the case of the late Mr. FIRTH and the government of London. It is to be said in Dr. MCVAIL'S favour that though he has gained *status* as a hospital physician and a professoriate in clinical medicine, the chair is not one which carries any honorarium, so that financially at least he is not a gainer. Moreover, it is quite intelligible that the movement which he mainly represents and which owes its force to him, would collapse if his energy and interest were not in some way engaged. It is undoubtedly unseemly that he appears as appointing himself to offices and wards, especially when a man like Dr. WALLACE ANDERSON, with years of service at his back in the school, which Dr. MCVAIL says they had to incorporate, is left out in the cold. But, on the other hand, we must remember that the Governors of St. Mungo's College are really responsible, and that they include many of the leading public men of Glasgow and the West of Scotland. A perfectly open election would perhaps have been preferable; but there is nothing more cruel and unjust than to invite scores of candidates by advertisement when the selection of certain persons is a foregone conclusion. The fact is this, that the new University Bill gives a new chance to educational reformers in Scotland, who have the power to make use of it. In doing so they incur the suspicion of interested motives and methods. They must accept this fact. The justice of the suspicion must be tested by time and results. We shall be glad if the great hospital of Glasgow becomes so identified with medical education as to support its historical fame, either by affiliation with the University or as a worthy and stimulating rival. This will not be an easy achievement, and if the reformers are actuated by merely personal motives they will soon fail.

NO subject has recently excited more interest or provoked more discussion than extra-uterine gestation. Without, therefore, proposing to write a treatise on the subject, we think it may be well to indicate a few of the points of the greatest importance, and especially to call attention to the present condition of our knowledge of the subject. The fact that the fœtus is not always in the uterus has of course been known for a longer time than the history of medicine extends; indeed, the extreme danger of the condition was sufficient to ensure attention to the subject. It was not, however, till 1859 that KUSSMAUL proved that many alleged cases were not extra-uterine, but were due to pregnancies occurring in a malformed uterus. Such a discovery as this has a violently disturbing effect, for it throws doubt on the great majority of cases previously recorded; and from 1859, therefore, records trustworthy in this point of their pathology may be said to begin. It is surprising, however, to observe how jealously every specimen of alleged extra-uterine gestation near the uterus must even now be criticised, to avoid this very error. It may be briefly said that the differential diagnosis depends on the point of origin of the round ligament of the uterus; since this springs from the uterus, and therefore is internal to the tube, a gestation external to its origin must be tubal, internal to its origin, uterine. The condition of the parts, and the absence of special knowledge on the part of the dissector, not infrequently obliterate this landmark and render the determination of the question difficult, if not impossible. The connexion between extra-uterine gestation and hæmorrhage is obvious, and it will be sufficient here to refer to the work of BERMUTZ, who, in 1848, pointed out the differential diagnosis of intraperitoneal hæmatocele and subperitoneal hæmatoma. The connexion between intraperitoneal hæmatocele and intraperitoneal (abdominal) pregnancy, and between subperitoneal (or extraperitoneal) hæmatoma and subperitoneal (or extraperitoneal) pregnancy is also plain. The occurrence of the latter form of pregnancy was affirmed in 1837 by DEZEIMERIS, and has been lately confirmed by Dr. BERRY HART and Dr. CARTER, in two cases, by frozen sections.

Of all the varieties of extra-uterine pregnancy, most is naturally known of the tubal variety; partly because it includes the great majority of cases, and partly because most of the rarer varieties belong to a later stage of pregnancy, and may have been later developments of cases originally tubal. Since tubal cases generally end early in catastrophe, it is only the surviving and developing cases which come under consideration in any other form. Whether this is the whole truth we do not yet know. Knowledge is desired, indeed urgently needed, on some of the following points:—1. What is the relation of extra-uterine cases advanced in pregnancy (*a*) to the tubes, (*b*) to the peritoneum? In cases ending fatally, and therefore alone capable of minute section and dissection, both these questions, especially the former, are apt to be difficult, and even impossible of elucidation. 2. When the placenta appears to have been planted on the intestines, bladder, or uterus, has this been brought about directly or through the mediation of the tube? 3. Are there such things as primary abdominal pregnancies? It has been asserted that there are only two undoubted instances of abdominal pregnancy on record—those of JESSOP and CHAMPNEYS. Of course early cases of abdominal pregnancy would be very helpful; but where are such cases to be found? It must be acknowledged that this fact is significant, and it may turn out that all abdominal pregnancies were originally tubal or tubo-ovarian; but assertions and prophecies do not help matters which must finally be settled by facts. 4. What are to be accepted as sufficient evidences of extra-uterine gestation? It would appear obvious that the answer to this question must be (*a*) presence of the fœtus, (*b*) presence of the placenta. A recent writer states that, out of forty cases, the fœtus could only be found in twelve, the placenta being found in every one. We must, however, point out that in cases of rupture this proof is often extremely difficult. The placenta

is a mass of clot, and sections of it show nothing but clot, with spaces which may (or may not) mark the position of the villi. Sections of undoubted placenta show this. What, then, are the proofs in doubtful cases? It is plain that great caution must be exerted in drawing any conclusions or accepting any numerical statements without the exhibition of sufficient evidence. 5. It would be well to know the mortality in (*a*) intraperitoneal hæmatocele, (*b*) intraperitoneal rupture of tubal pregnancies, (*c*) subperitoneal rupture of tubal pregnancies without operation. The difficulties which beset this question and render its answer at present impossible are those of diagnosis. We need only caution our readers against too ready acceptance of such assertions as that the two former are invariably fatal. Indeed this is contrary to experience. Of course (*a*) and (*b*) are more dangerous than (*c*). This proposition is sometimes fortified by an argument in a circle, or begging the question, any recovery from (*a*) and (*b*) being denied as impossible. But it is even asserted that all cases of rupture end fatally without operation, and patients who survive operation are counted as lives saved. There can be no doubt that rupture occurs pretty often without a fatal result, and this arithmetical statement needs revision.

The question of treatment must be reserved for consideration in another article.

MRS. WALLER'S article upon "The Mental and Physical Training of Children" in the current number of the *Nineteenth Century* traverses a wide field, and deals with many topics of which no one will question the importance. The views expressed make no claim to originality, and are practically identical with those enunciated by HERBERT SPENCER in his well-known work upon education. Not the less, however, is Mrs. WALLER'S paper worthy of thoughtful perusal, and probably no one would be more pleased than the writer if her suggestions could be justly regarded as truisms. That a sound physique must take precedence of educational proficiency; that the care and culture of children have higher claims upon reasonable men than the breeding of horses or the training of dogs; that the model nursery is of greater moment than the model farm; that the young mother needs to be soundly instructed in questions of food, clothing, and habit; that the development of the will and the moral faculties must proceed on some recognised principles, and not by caprice and chance;—such are a few of the principles advocated, and the only thing to be regretted is that their advocacy should be still necessary.

"It is really surprising," says the writer, "to see the amount of trouble and pains bestowed upon the proper housing and feeding of horses and dogs, or other domestic animals, while at the same time comparatively little attention is paid to these matters with regard to the rearing of children. Model stables and model kennels abound, while the model nursery is almost unknown. Warming, ventilation, and aspect are subjects which are thoroughly considered in the stable, while as regards the nursery they are generally left for chance to decide, though the health of a child is surely more important than that of a horse or dog." This is only too true, and the explanation of facts so strange is worthy of more than a passing thought. Is it that material conditions are recognised as having a definite and unfailing effect upon the health of the lower animals, and that their not less potent or sure influence upon the human organism is less readily admitted? Or is it that to many men the horse and the dog have a definite monetary value which the child is not felt to possess? Or, lastly, is there a half conscious feeling that the health of the lower animals can be understood by anyone who will take a little trouble, while the health of the human animal is so intricate an affair as to be best left in the hands of the professional adviser? It is likely that each of these reasons has some weight. Mrs. WALLER recommends that two of the best rooms in the house should be set apart for the day and night nursery respectively, and that the importance of sunshine and the evils of overcrowding should be recognised in all the nursing arrangements. She advises that the nursery walls should be painted rather than papered, paint being easily washed and disinfected after the attacks of infectious disease, which in every large family are only too likely to occur. As regards clothing, it is pointed out that in spite of modern improvements in this matter, it is still too much the custom to leave the upper part of the chest and the lower part of the abdomen exposed, and that hence come pulmonary affections on the one hand and bowel complaints on the other. "It is a fact that not only has the child less power of generating heat than the adult, but that it has also a much larger surface in proportion to the mass of its body, and will consequently be far more susceptible to cold. Cold feet cause a large amount of indigestion, and exposure of the large blood-vessels of the thigh during childhood frequently sows the seed of kidney diseases to develop in after life."

Some apt remarks are made upon the question of moral training. "One of the earliest lessons the child has to learn is that it can only have its own way when it is compatible with the comfort and rights of others. ..... As far as possible, a child should be made to feel that punishment is the natural result of his bad action, and not the mere venting of anger and annoyance on the part of the parent or nurse. ..... Let the child find out that bad behaviour in the drawing-room means instant banishment to the nursery; that if he knocks his brother with a stick the result is '*no sticks*'; that, if he refuses to put away his toys one night, he must manage without toys the next night." In these remarks, obvious as they may appear to the less reflective mind, lies, we conceive, one of the most important secrets of moral training. All retribution, to be effective and to carry suasion with it, must possess this character of inevitableness. It must appear to be the direct and necessary, not the arbitrary and fortuitous, result of the delinquent's own act. It must, in fact, serve to impress one of the greatest lessons of life—that as we sow, thus, and in no other way, shall we reap. Mrs. WALLER is decisively against all forms of corporal punishment, a point upon which many of the wisest heads have differed and still differ. Probably the advocates of corporal punishment would not demur to being compared with those who hold the necessity of war. In each case the extreme measure is to be adopted only as a *dernier ressort* when milder measures have failed.

We are disposed entirely to concur in the remarks of the

writer regarding the best means of beginning intellectual training. "I should begin the teaching of a child as a favour, not as a task; if he is inattentive, I should by no means insist upon the lesson being done, and so give it the air of a task. It is far better to say: 'I really cannot waste my time in teaching, for I have other matters to do, and if you cannot give me a little attention you may go away. With the natural perversity of human nature, the child immediately becomes anxious to learn, and feels at once that you are doing him a favour." It is correctly laid down that all teaching must proceed from the concrete to the abstract. Sight and touch must, as far as may be possible, do the work of the thinking faculties. To an attentive observer of children, nothing is more striking than their great aptitude for observing and their incapacity for sustained thought or abstract argument. The latter power comes later, but the attempt to develop it prematurely is usually not only futile, but injurious. Educators have too little recognised this principle, and have wearied and perplexed many a young brain to little purpose with such subjects as syntax, parsing, and the like, forgetting that such topics are only less difficult than logic and metaphysics, which no one would suggest as suitable subjects for the very young.

The relative value of the comparative attractions of science and language as vehicles of education is touched upon, but is too great a subject to be more than alluded to here. The classical tongues had their long day of virtual monopoly; science for a time threatened seriously to dispossess them; it seems not improbable that we are on the eve of a time when the value of both will be more generously and less contentiously allowed. Few practical men will deny on the one hand that a perfect tongue such as Greek is an admirable means of mental discipline; or, on the other hand, that even very young children will absorb with avidity facts about the world around them and about their own body—the rudiments of physics, botany, astronomy, and physiology—and be all the better for such knowledge.

WE understand that the Committees of the Senate and of the Convocation of the University of London have, after mature consideration, decided upon the principles of the scheme for the reconstitution of the University on the lines laid down by the Royal Commission, and that its details are well advanced, so that we may expect it to be laid at an early date before the members of the University for their sanction or disapproval. In many respects it will follow the plan of reform put forward by Lord Justice FRY'S Committee, and which was rejected by Convocation after a long debate. If the scheme accords with the recommendations of the Royal Commission, it must contain, as essentials, changes which we cannot but think will be unpalatable to most of the existing graduates, and to which only the fear of the formation of a second university in London, although with different aspirations and powers, could possibly bring them to consent. The transfer of power from the present Senate to a Senate largely recruited from the ranks of the London teachers is a leading feature in the scheme of the Commissioners, and must be accepted as the basis of any new Charter that may be applied for by the University; and, of course, this change is strongly objected to by the teaching bodies outside the metropolitan area. A meeting of representatives of provincial Colleges will be held in Birmingham on Thursday next at 3 P.M., to "arrest the progress of the scheme or to suggest modifications which may have the effect of diminishing its unfairness." The University of London is therefore at once confronted with the difficulty of becoming a Teaching University for London and of retaining its hold on external teaching institutions. Professor LAWSON TAIT, at the inaugural meeting of the session of the Northumberland and Durham Medical Society, made some overtures for the affiliation of the Birmingham Schools of Science and Medicine to the University of Durham, and promised a most absolute and uncompromising opposition on the part of those who had the higher education of the Midlands at heart to the establishment of a Midlands University. But many of those who are interested in the higher, and not in technical medical, education will prefer a Midlands University to an affiliation with a remote university, such as that of Durham, which seems to have been looked on by Professor TAIT as merely a convenient body for giving degrees to Birmingham students. The next alteration which must be made by the University in the spirit of the report of the Royal Commission is in the standard of the medical degrees. All medical teachers in London are unanimous in asking for pass medical degrees for their students, and every university, except the University of London, has granted them on conditions which are not unduly severe. Can a Senate which has prided itself on the stringency and severe character of the examinations for these degrees now bring forward a proposal in antagonism to its past history, and one which will be acceptable both to existing graduates, and to those who are urging the lowering of the standard to an average pass? Sir ALBERT ROLLIT, in his inaugural address at King's College, referred to this dilemma, which he, as a member of the Committee of Convocation engaged in drawing up the scheme, must have felt acutely. "It is to be hoped, however, that the present honour of the London M.D. and M.B. degrees will not be lost to the profession or their standard unduly lowered." The Royal Commissioners have set before the authorities of the University a very difficult problem for solution. We shall be glad if they can accomplish the task, provided that fairness and justice are meted out to the London student. They have to become a metropolitan and local University without offending the teaching colleges in other parts of the kingdom, and to frame a system of examinations for a pass degree of the same standard as the Scotch and provincial Universities, without impairing the honour and value of that which is now granted on very much more exacting conditions.

THE death is announced at Doebling, near Vienna, of Dr. Max Leidesdorf, a well-known authority on brain disease. The deceased, who was in his seventieth year, owned a private asylum at Doebling, where numerous personages of note have been treated, among them the Duchess of Cumberland and Prince Joseph Sulkowski. Dr. Leidesdorf, who was frequently summoned for important consultations on mental maladies in Austria and neighbouring countries, certified Sultan Murad and King Louis II. of Bavaria to be insane.

Annotations.

"Ne quid nimis."

THE CONDITION OF THE BLACKWATER RIVER.

THE polluted condition of the Blackwater stream and the insanitary state of large tracts of the Bagshot sands have been the subject of comment in the pages of THE LANCET for years past. Mr. Haviland referred to it in a lecture published in our columns on a former occasion, and in his communication in our issue of to-day he again directs attention to the matter after having personally inspected portions of the stream. The large area which Mr. Haviland pronounces "a plague-stricken valley" extends even very much beyond the districts he has investigated. Indeed, the greater portion of the low-lying marsh lands of the middle Bagshot sand district is insanitary. The geological formation known as "the Bagshot Sands" (so named from the village of Bagshot, which was till recently the largest village near the centre of the district) consists of three distinct formations, named by geologists (1) Upper, (2) Middle, and (3) Lower Bagshot sands. These are all more or less sandy; but the middle sands are interspersed largely by layers of very tenacious clay, while gravel often caps the upper, and is abundant also in some portions of the lower sands. No two soils can differ more than the Upper and Middle Bagshot sands. While the former is as a rule free from insanitary conditions, the latter is very insanitary indeed, and must be regarded as the source of much of the black filth from which the Blackwater stream derives its name. This black mud is the decomposing dead vegetation which season after season accumulates on the higher lands and filters through the porous sands, till it is intercepted by the impervious clay of the middle Bagshot layer. Here it accumulates till heavier rains wash it by main force to the streams, like the Blackwater, which intersect this district. Within the present generation a large population has collected as offshoots to Wellington College, the Royal Military College, the Staff College, and Aldershot Camp, all of which are unfortunately built on this insanitary Middle Bagshot area. This new and rapidly increasing population adds filth to the Blackwater stream, previously polluted to an insanitary condition. There are persons still living who suffered from malarial fever in this district. Diphtheria is now seldom absent from the Blackwater valley, and is a permanent danger to the boys at Wellington College, to the cadets at the Royal Military College, to the officers and their families at and around the Staff College, to the Camp at Aldershot, and the large civil population necessarily congregated around this military district. Here, as we have before pointed out, we are endeavouring to cultivate our military officers and soldiers to be fitted, by constitutional vigour, to stand against the various climates of our vast Empire, and we are doing it by placing our officers from boyhood to manhood in institutions in and adjacent to what Mr. Haviland describes as a "*plague-stricken valley.*"

SCARLET FEVER IN LONDON.

THE large and steadily increasing number of scarlet fever patients under treatment in the Metropolitan Asylum Hospitals appears to be producing a somewhat false impression as to the prevalence of that disease in London. It is true that since the middle of June, when the number of scarlet fever patients under treatment in these hospitals was 538, the weekly numbers have steadily increased to 1247 on Saturday last, exceeding by 361 the number under treatment at the corresponding date last year. It should, however, be borne in mind that the deaths from this disease have not shown a corresponding increase, and have been continually below the average for the time of year. The annual death-rate from scarlet fever in London during the quarter ending with September last did not exceed 0·18 per 1000, against 0·42 in the twenty-seven large provincial towns dealt with in the Registrar-General's weekly return. The death-rate from scarlet fever in London, which had been 0·40 and 0·22 per 1000 in the third or summer quarters of 1887 and 1888, further fell to 0·18 last quarter, and was scarcely more than half the mean rate in the corresponding quarters of the seven years 1882–88. This low death-rate from scarlet fever, coincident as it is with the large and steady increase of cases under hospital treatment, may be due partly to the prevalence of a mild form of the disease, and partly to the constantly increasing proportion of cases treated in hospital. The proportional case mortality in hospital should throw some light upon the type of the disease. The proportion of deaths from scarlet fever to completed cases (recoveries and deaths) in these hospitals in the three months ending with September, 1888, was 10·8 per cent.; and in the corresponding period of this year the case mortality was 10·6 per cent., or nearly the same. The mortality during August and September last was, moreover, probably unduly raised by the constant increase of admissions, as the case mortality is always highest during the earlier stages of the disease. It may be noted that the deaths from scarlet fever belonging to London in the thirteen weeks ending on Saturday, Sept. 28th, numbered 190, and that they showed the highest death-rates in Mile-end Old Town, Newington, Holborn, Clerkenwell, and Fulham sanitary areas.

BACTERIA AND VIRUS.

THE connexion between bacteria and disease is not explained by the simple fact of the invariable presence of certain microbes in certain diseases, nor by the circumstance that such diseases can be reproduced in animals by inoculations with these microbes. The bacterial theory of disease, like that of fermentation, involves a far larger question. It implies that these parasites are capable of converting the media in which they flourish into chemical substances that have a poisonous action on the body, deranging its normal mechanism and thereby producing various groups of symptoms, and even death. It is well known how of late years attention has been gradually becoming fixed upon the chemical aspect of morbid processes, and there has also been a growing belief in the necessary intervention of bacterial "ferments" to produce the alkaloidal substances known as ptomaines, which are derived from the albuminoid elements, and to which so much has been attributed. Dr. Brieger, whose name is largely associated with this subject, reviewed it in its general bearings in an address delivered at the recent meeting of German naturalists and physicians at Heidelberg. He pointed out (*Berl. Klin. Woch.*, No. 39) how the domain of "infective" disease was widening at the expense of diseases due to nutritional and nervous changes, and proceeded to show that whereas in nature we have everywhere abundant evidence of bacterial chemistry, so in disease analogous effects due to the agency of these minute organisms are to be observed. That the normal vital processess are accompanied by the production of a large number of substances of the aromatic series, such as skatol, indol, carbolic acid, &c., was pointed out by Mischerlich and Hoppe-Seyler; and these products of putrefaction were to be found in the living body or its excreta in greatest amount when the vital powers were much impaired. But these substances are of far less importance than the basic products of bacterial life, which Brieger distinguishes into the highly poisonous *toxine* and the non-poisonous *ptomaine:* the latter, it may be remembered, having been first discovered by Selmi in the cadaver.

Toxine (using the term in a generic sense), he showed, is produced even in the primary act of digestion, for peptones injected under the skin of animals often produce symptoms of poisoning; and the action of pepsin or fibrin produces a poison that causes paralysis and even death in some animals. The number of similar products formed in the further course of digestion is very large; the most poisonous of such derivatives of albuminoid disintegration being neurin (derived from cholin) and methyl-guanidin (from creatin). The poisonous effects of certain articles of diet—all the cases of mussel-poisoning, sausage-poisoning, &c.—are to be attributed to like principles due to bacterial ferments. Dr. Brieger then showed that up to a certain point various forms of toxine had been obtained from pathogenic bacteria—as the staphylococcus aureus, streptococcus pyogenes, typhoid bacillus (typhotoxin), cholera bacillus, anthrax bacillus, tetanus bacillus, and others, and then referred to the subject of auto-intoxication, which has been so well studied by Bouchard and Gautier. It was shown that there was a parallelism between the fermentations excited by pathogenic bacteria and those of putrefactive organisms, and that a disease—e.g., typhoid or tetanus—owes its specific characters to the special toxine thereby produced. A further development of the subject lies in the explanation of immunity, and the idea that the products of one kind of microbe may neutralise or destroy the effects of other toxines. Infection thus comes to be really an "intoxication," and the susceptibility to infection to depend on the greater or less tolerance of the body to the poison. The whole facts of protective inoculation accord with this view, so that it may be expected that in time immunity may be obtained through the agency of the ptomaine and toxine of the disease concerned. Then, said Dr. Brieger, will the therapeutic aims of medicine—the establishment of rational and therefore of specific measures of cure—be attained; and this can only be by a close connexion being formed between pathology and chemistry.

COMPULSORY GAMES IN SCHOOLS.

THE parents of boys at our public and private schools have been pouring forth their grievances on the hardness of compulsory games. The fact is schoolmasters are at their wit's ends to know how best to occupy their pupils in the intervals of class. One set of parents—and in this they are supported by the medical profession—claim as a right that their sons should not be subjected to more than seven or eight hours class work in the day. The rest of the time not occupied in eating or sleeping has to be provided for, and there appears to be but one way of doing it, and that is by some kind of compulsory athletic exercise. No one can have visited any of our public schools on a half holiday without being struck by the sight of several hundred boys playing cricket in summer, or football in winter. Here, it appears to us, may be witnessed instances of the maximum of good and the minimum of evil in our public school system, which is the admiration of every foreign country. It is only when these compulsory games are carried to extremes that parents have any right to complain. Games are essential to the discipline of every school, for boys of ordinary go and vigour, with a view of increasing their vigour by the physical exercise to which any boy of ordinary constitutional powers has a natural propensity. There are public schoolmasters of high repute who hold that a certain standard of physical vigour is essential in a boy if he is to reap the full advantage of a public school training, and in those instances where this standard is not, and cannot be attained, it would be far better for parents to realise the fact, and not subject a boy to a career for which he is not fitted, and which can only end in their disappointment and probably their boy's ruin. A large number of our public school boys are quite unfitted intellectually and physically to benefit by a public school course of training, and the system is discredited by the inadaptability of such boys to the requirements of a public school. There are "loafers" in class as well as in the playground, and such boys should be removed from among large numbers to private schools where individual attention in work and recreation can be given to them. Such boys are to be pitied rather than blamed, for they cannot bear the jostling of the playground, nor have they the aptitude for the hurry and smartness of the public school class and would be better away from both.

REPORTED DEATH UNDER NITROUS OXIDE.

WE published last week a brief report of a fatality which occurred in Edinburgh, resulting, unhappily, in the death of Lady Milne, but until full particulars of the sad event are before the profession it would be premature to criticise the case in detail. It has been demonstrated by Dr. Dudley Buxton in some careful experimental work that nitrous oxide *per se* does not possess any depressant action upon the heart, but rather tends to strengthen and slow cardiac force and rhythm. When the dentist, however, both operates and administers the gas, there is always a danger lest the anæsthesia should not be profound enough, and so the patient, feeling the pain while in the post-narcotic stage, incurs the risk of reflex inhibition of the heart, so liable to appear at that time. Intent upon his own work, the extractor cannot watch his patient as he should be watched, and thus grave perils are incurred. It is most deplorable that so safe an anæsthetic as nitrous oxide has been proved to be, should be blamed for fatalities which, while occurring under nitrous oxide, are not directly due to that agent. All skilled anæsthetists seem to agree that there is more danger to be apprehended from an insufficient supply of nitrous oxide than from pushing that agent to profound narcosis. Owing to the very transitory period of unconsciousness obtained by nitrous oxide every second of time is valuable, and hence the peril in allowing one individual to undertake a double function—to administer gas and extract teeth—arises not only from the impossibility of operating and watching the patient simultaneously, but also from the loss of time incurred in exchanging the face-piece &c. for the extracting forceps.

THE HOURS OF TRAMCAR AND OMNIBUS MEN.

THE hour (1.30 A.M.) at which the recent meeting of tramcar and omnibus men was held constituted in itself an instructive protest against the system of overwork which forms the chief grievance in this department of labour. The working day, as now arranged, is of uncertain duration. We have reason to believe that the maximum statement of seventeen hours and a half represents an extreme, but not an exaggerated, or even perhaps unusual, condition. It may be regarded as the type of a full day for omnibus and car drivers. The short periodic intervals of rest at a terminal public-house cannot be supposed to lessen materially the strain of the day's work. Of the six and a half remaining hours a certain proportion must necessarily be occupied in going to and from home, in dressing and undressing, and in such meagre domestic civilities as are quite unavoidable. Consequently the sleep of the carman, however sound, must be short indeed, barely sufficient for the easiest liver and quite inadequate for men employed in irksome and continuous duty. It is true that the work done is not very severe, that it allows of free movement, fresh air, and of sufficient, if not regular, nutrition. Thus far it is wholesome. On the other hand, there is hardly any relaxation

in the vigilance, alertness, and concentration demanded for the exercise of responsible functions, discharged as these often are in spite of bad weather, fog, and the numberless petty worries of street traffic. Serious accidents are happily not common, a fact which may best be attributed to the slow rate of speed allowed, but the tension of such long-continued effort cannot be otherwise than prejudicial to the men employed. It is out of keeping with the customs of labour in other callings, and it is of very dubious public benefit. A change is clearly called for, and in this connexion the demand of the men—a working day of twelve hours, even if accompanied, as it naturally would be, by a diminished wage—is by no means unreasonable. We would be disposed to ask for the further concession of Sunday as a day of rest at least every other week. Under such altered conditions we are certain that the duties now performed by the *employés* would be better done, and probably with no serious loss, if any, to the tramway and omnibus companies. It is to be hoped that both masters and men will have the sense to adjust this matter with due regard to their mutual interests, and without a needless trial of strength amid the risks, the frictions, and follies of a strike.

CENTENARIANISM IN ENGLAND AND IRELAND.

WE recently called attention to some statistics of centenarianism in Ireland contained in the annual report of the Registrar-General for Ireland relating to the year 1888. We pointed out that the deaths of 208 reputed centenarians during last year in Ireland stood out in strong contrast to the number usually registered in England and Wales, averaging about 65 per annum. The English report shows that a remarkably large proportion of the deaths of reputed centenarians are recorded among the Celtic population of Wales, and we were therefore prepared to find a proportionally large number of cases of reputed centenarians among the recorded deaths in Ireland. Bearing in mind that the last census in 1881 showed that 25 per cent. of the Irish population aged upwards of five years could neither read nor write, and that another 16 per cent. could only read, it may naturally be concluded that very hazy and indefinite information as to age prevails among a considerable proportion of the Irish population. It was not, therefore, the number of cases of reputed centenarianism which excited surprise and incredulity, but the statement that "further inquiry having been made, it was ascertained that the ages of the centenarians as given in the records were in *every instance confirmed*." A letter from a correspondent takes exception to our incredulity of the fact that 208 established cases of centenarianism were recorded in Ireland last year, the above-quoted statement notwithstanding. We did not intend to throw any doubt on the fact that each of these cases had been investigated, but such an unwonted result of investigation of cases of reputed centenarianism appeared inevitably to suggest a desire for information as to the precise nature of the investigation. The late Mr. Thoms published *in extenso* the result of his investigation concerning thirty reputed English cases, only four of which were satisfactorily established as cases of centenarians. The late Dr. William Farr, in the thirty-fourth annual report for England, remarked: "The difficulties attending investigation of cases of reputed centenarianism are no doubt considerable, but the question is one of scientific importance." Any light therefore that can be thrown on the nature of the investigation which was held to establish the authority of the 208 cases registered last year in Ireland would possess undoubted value. Our correspondent, moreover, asserts that in our remarks we took no account of the fact that the Irish population contains a larger proportion of elderly persons than does the English population, a fact to which attention was called by Dr. Grimshaw in his able address as president of the Sanitary Science Section of the Congress of the Sanitary Institute in Dublin in 1884. The census in 1881 showed that 106 per 1000 of the Irish population were aged upwards of sixty years, while in England and Wales the proportion was only 74 per 1000. Aware of this fact, however, we were careful to test the relative proportions of centenarianism in England and Ireland in such a manner as to eliminate this disturbing influence. We found that of the recorded deaths in Ireland of persons aged upwards of seventy-five years, 12·5 per 1000 in 1888 were stated to be those of centenarians; while from the last published English report (that for 1887) we found that of the recorded deaths at these ages only 1·1 per 1000 were those of reputed centenarians. The obvious and natural conclusion from these facts would be that the ages of deceased persons are more incorrectly stated in Ireland than in England. But then we are met with the statement that all the Irish cases were investigated and established. The subject is, as Dr. Farr said, one of such scientific interest, that we should be glad to have full particulars concerning the nature of the investigation to which the Irish cases in 1888 were submitted.

ISOLATION OF THE INFECTIOUS SICK AT SALFORD.

SOME time since we drew attention to the deadlock which has occurred at Salford in connexion with the isolation of infectious diseases, and although both scarlatina and diphtheria are now somewhat widely prevalent in the borough, matters do not seem to be any more promising than formerly. The Wilton Hospital has been purchased by a railway company, and, at any moment, a six-months notice to quit it may be served on the Corporation. It is described as adapted to receive sixty-one patients; but even then the sick would not have the advantages attaching to a properly constructed and efficiently ventilated institution. At the present moment it contains about 110 patients. The Corporation, having decided to erect a new hospital, and having secured the sanction of the Local Government Board to the scheme proposed, are now the owners of a site of some thirteen acres of land at Ladywell; but, owing to opposition in the Council itself to its use, the mayor and several prominent members of the Sanitary Committee resigned their seats on that body, and another Committee, containing the principal dissentients, was appointed some months ago to ascertain what alternative arrangements could be made. As yet none have been entered into, but, in view of the present emergency, efforts are being made to induce the authorities of Monsall Hospital to receive the Salford cases; and it is suggested that this hospital, which already serves for all the existing requirements of Manchester, and professes also to be available for a large number of other sanitary districts, should also be made permanently available for Salford; and this although it is a hospital which in epidemic times receives small-pox, in addition to the other specific fevers. It has also to be remembered that, under the new scheme sanctioned since Dr. Tatham assumed office in Manchester, that city will for the future have additional claims on Monsall by sending its enteric-fever patients there also. The demand now made upon the hospital is therefore an extensive one; and the governing body are taking time before they give a final answer to Salford's new hospital committee. Another scheme foreshadowed is that a pavilion should be erected in connexion with the Pendlebury Hospital for Sick Children, to which Salford could send infectious cases. As to this Mr. Walmsley, M.R.C.S., an alderman of the Salford Corporation, expresses his belief that the Pendlebury authorities will never commit "such a fatal mistake"; and we must admit that the adoption of such a step on any such scale as

materially to relieve Salford of its infectious cases would be one calling for the gravest consideration. But, under any circumstances, we trust that the present state of affairs, which Mr. Walmsley describes as disgraceful to the borough, will speedily be brought to an end by some satisfactory solution of a difficulty which otherwise bids fair to become very pressing.

COMPULSORY VACCINATION.

A MEETING in condemnation of the Compulsory Vaccination Act was held last week at Guildford, at which the usual misstatements as to the effects of vaccination were made. Thus the audience was told that in Sheffield during the last small-pox epidemic "eight cases, nurses and attendants in a hospital, who had all been revaccinated, occurred, and there were two deaths." Turning to Dr. Barry's report, we find that in the Sheffield small-pox hospitals there were 140 persons in contact with the sick; in addition, there were 21 other persons not themselves necessarily in actual contact with the sick, though in constant communication with attendants on small-pox cases. Of these 161 persons, 18 (11·2 per cent.) had suffered from small-pox prior to 1887–88, and none of the 18 contracted small-pox during the present epidemic; other 62 (38·5 per cent.) had been vaccinated in infancy only, and of these 6 (9·7 per cent.) contracted small-pox, and one died. The 5 non-fatal cases were slight in character. Of the remaining 81, all of whom had been successfully revaccinated, *not one contracted small-pox*. It is not matter for surprise that people who cannot check the statements made at the Guildford meeting are misled. The effects of similar teaching in Leicester are well known, and the inhabitants in that town seem bent upon preparing their children for fatal disease. We learn that during the quarter ending Sept. 29th only 30 children were vaccinated in Leicester out of 1250 births.

SAILORS' RATIONS.

A DISCUSSION has lately been carried on regarding the sufficiency, both as to quality and quantity, of the food supplied on board Her Majesty's ships, and its effect on the health and discipline of the crews. Whilst many affirm that the dietary is insufficient, and compares unfavourably with even that of the soldier, and that the arrangements for the service are bad, others as positively affirm that there is no cause for complaint. The question is one that can be decided by scientific investigation alone; and on this point we believe that Dr. Ralfe, in his "Inquiry into the General Pathology of Scurvy," has very fairly represented the contrast between the sailors' and soldiers' rations, a representation which may be remembered with advantage in deciding the various points raised by the present controversy. Dr. Ralfe says, "The proportion of albuminates in both dietaries is about equal—perhaps, if anything, in favour of the soldier; for, though the sailor receives sixteen ounces of meat to twelve of the soldier, allowance must be made for the weight of salt and the nutritious matter dissolved out into the brine. But the sailor's dietary is below that of the soldier in actual quantity, and this deficiency is caused by the withdrawal of no less than twenty-four ounces of succulent vegetable food, which is poorly replaced by nine ounces of extra flour, five ounces of split peas, and an ounce and a half of currants and raisins. The presence of a considerable amount of chloride of sodium from the salted provisions renders the total weight of the ash higher in the sailor's rations than in the soldier's, otherwise the inorganic constituents are less — notably the potash, — whilst the alkalinity of the ash is considerably lower. This diminution of the alkalescence of the ash has no relation to the deficiency of potash, nor is it caused by the increase of the neutral salts, but is absolute, as can be shown by the fact that if sixteen ounces of fresh meat be given instead of sixteen ounces of salt, the alkalescence is only increased 0·2 grm., whilst the potash is increased 0·8 grm. Dr. Ralfe gives the alkalescence of the ash of the soldier's rations as rather more than half that of the alkalescence of the ash of the sailor's rations. To physiologists, who are aware of the importance of maintaining the normal alkalescence of the blood, and of the tissue changes that ensue when animals are fed on food whose ash is deficient in alkaline salts, as shown by the well-known experiments of Hoffman and Loscar, the above fact is significant, and to it may be attributed to a considerable extent the signs of premature age that are so often observed in sailors over forty years of age. No doubt, since the observations quoted from above were made in 1877, some improvements have been effected in the sailor's dietary, and he may now be able to purchase more luxuries out of his allowance, and, when his vessel is not cruising, procure fresh vegetables and meat in lieu of salted provisions; yet much remains to be effected. The arrangements, by which in the United States Navy, butter, tinned tomatoes, cranberries, pickles, and molasses are added to the rations, should be adopted in ours, and it should not be left to the option of the sailor to purchase these from the purser out of his savings. Again, the hours of the meal should be more in accordance with the men's requirements. The interval between supper at half-past four in the afternoon and breakfast at six the next morning is too long, although the defenders of the system declare the sailor is at liberty to save some of his dinner ration of biscuit and salt pork, and eat it cold for a late supper. We doubt if much would be left provided the sailor were in good health; whilst if the appetite were impaired, we do not think it would be tempted by cold salt pork and dry biscuit for supper. If the meal at half-past four were postponed to half-past six or seven, we believe it would be a great boon to the men, and would be beneficial to their digestion.

THE FALL OF THE YEAR.

THE boisterous winds which have lately prevailed remind us that we have been passing through the weather ordeal of the autumnal equinox. We notice and instinctively feel that the chilly wet of this period bodes nothing good to those who are exposed to its influence. All of disease that goes by the name of "cold" springs up as if in due season, and its wide prevalence even tempts the observer to seek for this commonest of ailments a cause, beyond climatic influences, in one or more of the numerous germ forms by which we are surrounded. Whether such will ever be precisely identified or not, the warning message of the time is one which none of us can afford to disregard. Careful and laborious investigations have shown that about this period the loss of weight which characterises the human body in the winter as compared with the summer months, and the oxidative changes with which it is associated, are wont to take place with especial suddenness. There is consequently a parallel depression of the vital powers, which must render them less able to resist the onset of illness. Whatever the state of the individual, the effect is more or less similar. It may not, indeed, be felt while the vigour of a robust constitution avails to turn aside the attacks of casual chill. It is otherwise with persons who from any cause lack this resistant faculty. Accordingly we find, as if by natural selection, the very young, the old or elderly, and the feeble of all ages—in a word, those of defective development or failing powers—reflect thus the influence of external cold. The danger suggests its own preventive. Into each detail of precaution or of cure we cannot now enter; but one or two

points are noteworthy. The avoidance of needless exposure is a mere axiom of common sense. The question as to what is appropriate clothing is a more important, though too often forgotten, consideration. In this connexion the value of light moderately thick woollen underwear, which at once conserves heat and allows free transpiration, can hardly be exaggerated. It should also be remembered that however judicious the precautions used, cold will still extort its tax of comfort, health, and life, and therefore that its earliest beginnings, especially in the more susceptible cases we have mentioned, are to be treated seriously. Neglect or mismanagement at this stage has often magnified a trifle of illness into a fatal catastrophe.

HOUSE REFUSE AND TOWN IMPURITIES.

A PAMPHLET on the above-named subject, by Mr. Alexander Bobrownicki, takes its various illustrations from the city of Manchester. The author aims at attaining for populations the highest procurable cleanliness of soil, air, and water, and he contends that an unhealthy town has no other meaning than a proportionate accumulation of decaying or putrescible matter. The causes of the present mischief, as exemplified in Manchester, are overcrowded dwellings badly kept; surface impurities in streets, yards, and corners; sewers of such construction as admits of their structure becoming sodden, and of their charging the surrounding subsoil with filth; with a resulting contamination of the atmosphere above by reason of the exit of foul air through the multiple ventilators inserted in the hope of abating the evils below. The author regards the natural duty of sewers to be "to protect the subsoil against contamination from the surface, and to maintain as steadily as possible the level of the subsoil water"; and he is a strong upholder of the Manchester pail system, which, whilst presenting certain remediable defects, gets rid annually of no less than 241,215 tons of material that might otherwise add to the pollution of soil and air. He also classes as amongst the dangerous impurities of a town the ordinary domestic smoke, and refers to certain experiments which give him hope that the vast and almost abandoned problem of purifying smoke may be practically and usefully resolved.

LEAD POISONING BY POTABLE WATER.

THE prominence given during recent years to the danger which attaches to some of our moorland water-supplies, owing to their action on lead during the passage of the water through lead service pipes, is referred to in a report by Dr. A. Swann, medical officer of health to the borough of Batley, Yorks. The Batley water, like that of other northern towns where lead poisoning has been somewhat rife, is derived from moorland, and it is stated that lead poisoning has been by no means unfrequent amongst the consumers of the public supply, and also that it has ceased on the substitution of iron for leaden service pipes. But whilst there have been a number of cases sufficiently severe to call for attention, Dr. Swann is convinced that there are many more in which mischief which is not so obvious is the result of the same cause; and that whilst a few people get "wrist drop" or other evident sign of the action of lead on the system, many other symptoms of disease, notably kidney troubles and degeneration of the bloodvessels, are being induced from the same cause. He refers also to the circumstance that the danger of lead poisoning is increased where any appreciable amount of organic material is present in the water. Such a condition might to some extent account for the varying effect of a water which is at one time apparently innocuous, at another liable to produce plumbism; and it calls for investigation in connexion with the suggestion made by Mr. W. H. Power, in the Annual Report of the Medical Officer of the Local Government Board for 1887, to the effect that some of the phenomena observed in occurrences of plumbism would, if observed in the biological laboratory in relation with the life processes of one or another microphyte, not be difficult of comprehension. And Mr. Power further suggests that the inscrutable behaviour of some of the moorland waters in this respect may be related to the agency, direct or indirect, of low forms of organic life. Dr. Swann goes on to state that he has learnt, through the librarian of the Société Française d'Hygiène, that no fewer than 907 of the leading physicians and surgeons of France have signed a petition to the Paris Municipal Council praying for the "absolute forbidding of the use of lead piping for the supply of water for dietetic and drinking purposes." Evidently the subject has been under consideration by the Society referred to, and the constantly recurring instances of lead poisoning by potable water which have of recent years been heard of in and about Yorkshire, call for some exhaustive investigation of the subject in our country also. The biological aspect of the question seems especially to call for skilled inquiry and research.

VACCINATION IN ITALY.

ROME now possesses a State Vaccination Office, and its medical director, Professor Ottavio Leoni, has just issued his first report on its operations. Small-pox, it seems, has been causing the death of from 15,000 to 20,000 Italians every year—a terrible life-tax, due, in the first place, to vaccination being non-compulsory, and, in the second, to the very inferior, often adulterated, lymph employed on occasion. Appeals to the public to have themselves vaccinated or revaccinated, even when responded to, were rarely effective, because no attention was paid to the quality of the lymph imported either from the national or foreign vaccigenous institutions. The Government, accordingly, empowered a commissioner to make a tour of inquiry among the chief European States, notably those in which small-pox had been virtually stamped out, to ascertain by what means an unadulterated and sufficient supply of lymph could be obtained, and to report on the system which seemed best adapted to compass this end. The result of this Commission is now seen in the State Vaccination Office of Rome, where all the methods most approved by science and experience for the preparation and conservation of lymph have been in working since the commencement of the year. The success of this office has exceeded the most sanguine expectations of its promoters. Within nine months, Professor Leoni tells us, there has been despatched from it to the communes, and even directly to medical practitioners, a quantity of vaccine lymph ample enough to inoculate more than one million of individuals. For first vaccinations the results have been "costantemente favorevoli" (constantly favourable), and for revaccinations they have been successful, on an average, in eighty-four per cent. of cases. No pains, says Professor Leoni, have been considered too minute or too laborious to secure the absolute purity of the lymph or to remove the risk of conveying through its means the germs of any malady transmissible from animals to man. In fact, before inoculating the calves they are kept for days under surveillance, to ensure their being in perfect health. As soon as the lymph is collected, these calves are killed and their carcases are subjected to a minute histo-pathological and bacteriological search to check the previous diagnosis of their soundness. If the slightest suspicion arises on this point, the lymph obtained from the suspected animal is destroyed. Through the Roman Vaccination Office there is placed at the disposal of every province of the peninsula an ample quantity of the vaccine so guaranteed, and we are informed that the Minister of War will shortly serve out to the army the lymph necessary for the revaccination of recruits,

greatly diminishing the expense hitherto incurred by each regiment for this purpose, and fraught with results superior to those obtained in the best of recent years. Compulsory vaccination, now *un fait accompli* in Italy, has crowned its efficiency by the means just taken to ensure the purity and due quantity of the vaccine, thus giving a deathblow to the nefarious traffic of the speculator in adulterated lymph, while removing the last obstacle to Italy's assuming her place among the sister Powers as a hygienically safeguarded kingdom.

THE REGULATION OF SLEEP.

INSOMNIA is rightly regarded as one of the marks of an overwrought or worried nervous system, and conversely we may take it that sound sleep lasting for a reasonable period, say, from six to nine hours in the case of adults, is a fair test of nervous competence. Various accidental causes may temporarily interfere with sleep in the healthy; but still the rule holds good, and a normal brain reveals its condition by obedience to this daily rhythmic variation. Custom can do much to contract one's natural term of sleep, a fact of which we are constantly reminded in these days of high pressure; but the process is too artificial to be freely employed. Laborious days with scanty intervals of rest go far to secure all the needful conditions of insomnia. In allotting hours of sleep it is impossible to adopt any maxim or uniform custom. The due allowance varies with the individual. Age, constitution, sex, fatigue, exercise, each has its share of influence. Young persons and hard workers naturally need and should have more sleep than those who neither grow nor labour. Women have by common consent been assigned a longer period of rest than men, and this arrangement, in the event of their doing hard work, is in strict accord with their generally lighter physical construction and recurrent infirmities. Absolute rule there is none, and it is of little moment to fix an exact average allowance provided the recurrence of sleep be regular and its amount sufficient for the needs of a given person, so that fatigue does not result in such nerve prostration and irritability as render healthy rest impossible.

NERVE EXHAUSTION AND OPIUM.

THE revelations following the death of Mr. Wilkie Collins may perhaps tend to increase the pernicious opium habit amongst those who are or who believe themselves to be in need of some extra comfort or support. The accounts given by Mr. Edmund Yates and by Mr. Hall Caine differ in some respects, although they agree as to the relatively large amount of laudanum habitually taken by the deceased *littérateur*. The former speaks of Collins as a martyr to nerves and gout, and seems to infer that the drug was resorted to for the relief of pain. The latter, in an elaborate report of a conversation held early in 1888, professes to give the novelist's apologetic explanation for his practice. He took laudanum "to stimulate the brain and steady the nerves," and he had been in the habit of taking a wineglassful of laudanum many times a day for fully twenty years. Few things are more lamentable than the obvious cost at which much literary work has been accomplished. De Quincey, Coleridge, Bulwer Lytton, and Wilkie Collins stand out as warnings against the folly of over-taxation of mental powers, and as examples of the habitual indulgence in opium. Rosetti, with chloral hydrate, and more recently the actor Damala, with morphine and cocaine, show the same form of weakness in resorting to other remedial (!) measures. It would be invidious to attempt to enumerate well-known names in literary and artistic circles of men whose work has been carried on beyond reasonable limits under the influence of alcohol. The lesson to be learnt is that brain power has its limitations as much as muscular power. Overwork produces exhaustion in both cases. Physiological laws cannot be set at defiance. So far as opium is concerned, it undoubtedly diminishes the susceptibility to external stimuli, and hence may enable a man whose attention is diverted by pain to obtain relief, and perhaps to concentrate his thoughts more fully upon some particular point; but, as a mental "stimulant," its employment is to be deprecated as unsound and dangerous. The constant need engendered by its use does not strengthen the position of a "stimulant," so often erroneously claimed for this drug.

RAILWAY ACCIDENTS IN 1889.

THE tale of fatalities on British railways has been unusually heavy during the first half of 1889, but the causes to which accidents are referred by the inspectors are very much what we have long been familiar with; except indeed that we note with satisfaction the absence from the present report of those frequent references to overwork as a probable cause of the unfitness for duty of peccant officials. It is true that the report is on this occasion a short one, and deals with comparatively few cases, so that perhaps not much can be deduced from the fact here noted. Otherwise one would be glad to think that the pressure of public opinion is making itself felt, and that railway managers are beginning to grapple with the problem of apportioning the work of railway men in such a way as to give them reasonable facilities of rest. In one or two passages the present report awakens a somewhat curious feeling of surprise and testifies afresh to what has often been indicated before—namely, the stultification of good rules by lack of consistency in the regulations, or the acquiescence of responsible officers in the habitual disregard of standing instructions by their subordinates. The following is a striking case in point:—Referring to an accident at the Keith station of the Highland Railway, Major Marindin says: "The evidence of the station-master shows that Rule No. 86 is not properly attended to at this station, for it is clearly not the practice to hold the facing points for outgoing Buckie trains, and it is needless to remark that if the pointsman had been at the points the collision could hardly have occurred. It is worse than useless to issue rules and then allow them to be habitually disregarded, and if it be true, as the evidence would seem to indicate, that the pointsman has sometimes other duties to perform, which prevent him from holding the facing points in accordance with the rule on that head, it would seem to be necessary that the staff should be increased."

THE INDECENT ADVERTISEMENTS ACT.

A MAN described as "shabbily dressed" was charged at the Westminster Police-court last week with distributing bills of an improper character—the said bills being a quack doctor's advertisement. Under the Indecent Advertisements Act, which comes into force on Jan. 1st next, this offence will be punishable by a fine or imprisonment. Under the circumstances the magistrate had no alternative but to discharge the prisoner. It may be well to point out that the Act in question is of a most stringent character, and appears to leave no loophole for evading its provisions. It enacts that "any person who affixes to or inscribes on any house, building, wall, hoarding, gate, fence, pillar, post, board, tree, or any other thing whatsoever, so as to be visible to a person being in or passing along any street, public highway, or footpath, or whoever affixes to or inscribes on any public urinal, or delivers or attempts to deliver, or exhibits to any inhabitant or to any person being in or passing along any street, public highway, or

footpath, or throws down the area of any house, or exhibits to public view in the window of any house or shop any picture or printed or written matter which is of an indecent or obscene nature," is liable on summary conviction to a penalty not exceeding forty shillings, or to imprisonment for any term not exceeding one month, with or without hard labour. It is gratifying to note that heavier penalties are provided for those who send or employ others to commit the acts enumerated, and also that certain advertisements of a notorious character relating to nervous debility and kindred disorders are, under the Act, deemed to be of an indecent nature. We may, therefore, hope soon to see our streets rid of this pest.

THE HUNTLEY JUBILEE COTTAGE HOSPITAL.

THE opening of a bazaar in aid of the funds of the Jubilee Cottage Hospital at Huntley by His Grace the Duke of Richmond and Gordon seems to have been a most auspicious event. His Grace has been in hearty sympathy with the movement from the beginning, and spoke words of cheer to the ladies and all other promoters in opening the bazaar. Dr. Farquharson opened the bazaar on the second day, and gave his strong opinion in support of such hospitals generally and this one in particular. The building is of granite, costing about £1257. It will contain sixteen or eighteen beds, and is replete with every convenience. Other outlay on grounds, walls, furnishing, &c., will bring the cost up to £1600. The sum of £853 was raised by the bazaar, and it is hoped to invest about £1200 as the beginning of an endowment for the working of the hospital. The Rev. Mr. Burnet, who has been a very active member of the working committee, in moving a vote of thanks to the Duke of Richmond, spoke strongly of the continuous encouragement he had given to the work from the beginning. We congratulate the poor of Huntley on having so valuable an institution provided for them. The hospital will be opened in November.

VISITING DAYS AT THE HOSPITALS.

OUR contemporary, the *Morning Post*, draws the attention of the authorities of one of our general hospitals to the sufferings undergone by those friends of the in-patients who arrive before the time for their admission to the wards. "They are obliged to stand about in the open air in front of the door and on the steps," and are thus exposed to rain and cold winds, with the risks which must follow such exposure. The hospital alluded to is, however, not the only one where indifference is manifested to the comfort of the visitors of the patients, and it would be well if the authorities of some of our other hospitals could see their way to provide shelter for the poor people who, in their anxiety to see as much as possible of their sick friends, arrive before the doors are opened.

THE TREATMENT OF ENDOMETRITIS.

DR. BOCK, assistant physician to the Hôpital St. Pierre, in Brussels, gives in *La Clinique* some notes of a series of cases of endometritis in which very satisfactory results were obtained by the use of Canquoin's paste applied to the interior of the uterus. Dr. Bock does not give the strength of the preparation, and this is not always the same in various continental formularies. The paste is made by mixing one part of chloride of zinc with two parts, or according to some formularies with one part, of flour, and enough water to enable the mass to be kneaded into the required form. For the uterus, of course, the form required was that of a stick of such a length as to reach from the fundus to the external os. A careful measurement had, necessarily, to be previously taken with the sound, and the cavity washed out with a sublimate solution. The stick of Canquoin's paste was then introduced and retained by means of a plug of cotton wool. For three or four hours the patients sometimes suffered a certain amount of pain, but this was by no means unbearable, and frequently there was no pain at all. Vomiting was occasionally produced in very sensitive subjects, but in none of the fourteen cases in which this treatment was adopted was there any pyrexia or other complication. The patients were kept in bed for a few days, and warm antiseptic injections given. The caustic produced a slough to the depth of from two to five millimetres, which came away, sometimes revealing a perfect cast of the interior, and even showing the commencement of the Fallopian tubes. Dr. Bock considers that this treatment is suitable—where the cervical canal is sufficiently patent—in all cases of chronic simple endometritis, as well as in fungoid or hæmorrhagic cases, and that it is peculiarly beneficial in cases of gonorrhœal origin, and he does not find that chronic or subacute inflammation of the uterine appendages forms any contra-indication. His results agree with those of MM. Polaillon and Dumontpallier, who first recommended this treatment, and who were successful in thirty-eight out of forty cases in which they employed it.

THE CHOLERA EPIDEMIC IN MESOPOTAMIA.

THE spread of cholera in Mesopotamia—a daily average of 200 fatal cases having, it is stated, taken place within the last week or two—is causing much anxiety at Constantinople, and fresh efforts are being made by means of sanitary cordons and the like to prevent the extension of the disease both into Palestine and further into Persia. The places most affected are towns and villages on the Euphrates and the Tigris from the Persian Gulf to a distance of several hundred miles inland; Bagdad being still a centre of the disease. The towns and ports hitherto affected on the eastern and western coasts of the Persian Gulf have been largely depopulated by flight, and there has in consequence been a corresponding diminution in the number of fresh cholera attacks.

CESSPOOLS AT BEXLEY HEATH.

A CORRESPONDENT directs our attention to the condition of Bexley Heath, which, for want of any better method, is entirely dependent on the use of cesspools. Many of the houses, he says, have several, and, the ground being porous, the inhabitants are not at the trouble to empty them. Lately, we learn, several deaths have occurred from typhoid fever, and yet so much apathy prevails that no public feeling is created in favour of a system of drainage. In times of heavy rains the cesspools overflow and the streams from which cows drink become polluted. We commend the remarks of our correspondent to the attention of the Local Government Board, in the hope that some step may be taken to rouse the inhabitants to a sense of their danger.

ELASTIC TISSUE.

DR. GALIN has made some experiments in the laboratory of Professor W. W. Podvysotski, in Kieff, on elastic fibres which led him to the conclusion that the elastic tissue can be saturated by a foreign substance circulating in the blood and tissues. This occurs not only when the whole system is saturated with the substance and the organs of excretion are inactive, but also when such saturation does not take place and the kidneys are acting normally. These experiments, as well as those of Blashko, throw a new light on the physiological importance of the elastic tissue, and suggest that it serves as a kind of depôt for the storage of septic and foreign substances, especially when their free excretion—by the kidneys, for instance—is in any way disturbed.

BREAD MANUFACTURE.

THE promoters of the Bread Union for London are putting forward as one of the benefits which will accrue to the public from the execution of their project the general introduction of cleanly methods of manufacturing bread. It cannot be denied that this is of itself a highly desirable object, for it is much to be feared that of the bread which is consumed in the metropolis a very seriously large proportion has been contaminated by unwholesome surroundings in the making. Although we do not understand how a baker's syndicate is going to accomplish or even to advance improved cleanliness in the manufacture of bread, we gladly bear testimony to the importance of wholesome and scientific methods of bread-making from the point of view of the public health.

FOREIGN UNIVERSITY INTELLIGENCE.

Geneva.—Dr. Vincent has been appointed Professor of Hygiene in place of Dr. Dunant, who has resigned.

Genoa.—Dr. Morselli, Extraordinary Professor in Turin has been appointed Professor of Mental Psychology.

Graz.—*Privat-docent* Dr. Escherich of Munich has been nominated to the Professorship of Pediatrics at Graz, rendered vacant by the transference of Professor von Jaksch to Prague.

Jena.—Professor Knorr of Würzburg has been appointed Professor of Chemistry and Director of the Chemical Laboratory in succession to the late Professor Greuther. Dr. Auerbach of Breslau has been appointed to the newly established chair of Physics.

Lausanne.—Dr. Stilling has been appointed Professor of Pathological Anatomy.

Moscow.—Dr. Schênoff has qualified as *privat-docent* in Physiology.

Munich.—Dr. Haug has qualified as *privat-docent* in Surgery.

Rome.—A new School for Experimental Hygiene has just been opened, and is intended to offer instruction not only to medical men, but to engineers, veterinarians, chemists, and pharmacists.

Vienna.—A new hospital has just been opened in the Tenth district of the city. It will now accommodate 200 patients, and when finished will have beds for 500. Dr. P. Pacher has been appointed Director.

Warsaw.—Dr. Kowalkowski has been appointed to the chair of Hygiene.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Dr. Dubouè of Pau; Don R. Barberá y Blay of Zaragossa.—Dr. Maurice Longuet of Bourges, a rising provincial physician. He was the author, in conjunction with Dr. Ledentu, of the article "Lymphatique" in Jaccoud's Dictionary of Medicine.

SIR HENRY ROSCOE, M.P., delivered an address at Birmingham this week as president of the Midland Institute, taking for his subject "The Life-work of M. Pasteur," whose discoveries, he said, had culminated in the cure of that most dreaded and fearful of all maladies—hydrophobia. This was not the result of a happy chance, but the last link in a long chain of discoveries, including the exterminating of cholera, of cattle disease, and of splenic fever. Thus to M. Pasteur we owed the science of bacteriology, which dealt with the minute organisms called microbes, and which bids fair to revolutionise the theory and practice of medicine.

WE regret to have to record the sudden death of Mr. Thomas G. Hewlett, C.I.E., Deputy Surgeon-General, Bombay Army. Mr. Hewlett was waiting for a train at Finchley-road Station on the Metropolitan Railway when he suddenly fell forward on the platform and expired before medical assistance could be obtained. The deceased served in the Indian Mutiny campaign, and was Sanitary Commissioner for the Bombay Presidency until his retirement last year. He was fifty-seven years of age.

PROFESSOR JOHN WOOD, F.R.S., has resigned his chair of Clinical Surgery at King's College and the senior surgeoncy at King's College Hospital. Mr. Wood was first appointed Demonstrator of Anatomy in King's College in 1851, and assistant surgeon to King's College Hospital in 1856.

THE annual meeting of Fellows and Members of the Royal College of Surgeons to receive the annual report of the Council will be held on Thursday, Nov. 7th, at 3 P.M.

DR. VERGA, Senator of the Italian Kingdom, and well known as one of the leading alienists of Italy, is, we regret to hear, lying dangerously ill at Milan.

PROFESSOR EBERTH has succeedeed Professor Weigert as co-editor of the *Fortschritte der Medicin* (founded by the late C. Friedländer) with Dr. Unverricht.

THE FOUL BLACKWATER RIVER IN THE FARNHAM DISTRICT AND ITS DEADLY WORK.

BY ALFRED HAVILAND, M.R.C.S.E., L.A.C.,
LATE LECTURER AT ST. THOMAS'S HOSPITAL ON "THE GEOGRAPHICAL DISTRIBUTION OF DISEASE."

ON Thursday, Sept. 19th, I visited Aldershot, its camp, and the valley of the Blackwater River, with the view of gathering fresh information on the subject of my lecture at the Sanitary Institute in April last: "The Bagshot Sands and their Relation to Health." During this visit I met with two facts: (1) the frightfully polluted condition of the Blackwater River, which rises to the south of Aldershot near Hungry-hill, and skirts the whole of the subdistricts of Frimley and Farnborough as far as their northern boundaries; the parishes of Aldershot and its military camps, Ash and Normandy, and lastly, Frimley and Farnborough, being immediately within range of its pestilential local climate; and (2) diarrhœa of a severe form prevailing in the parish of Frimley. As usual, too, I found the inhabitants loud in their complaints of the filthy state of their river and of the incapacity of the Farnham sanitary authority to deal with the source of their troubles. Since then I have informed myself of the history of the preventable deaths that have occurred during the last ten years and a half in this plague-stricken valley. I shall, however, confine myself to the two great causes of death, diphtheria and diarrhœa, for after a long and wide experience I have, with others of equal or greater experience, come to the conclusion that their causes are sewage-begotten and air-borne. The population of the above parishes and military station amounted in 1881 to 26,097 persons, amongst whom there occurred during the ten years and a half from the 1st January, 1879, to the 30th June, 1889, 197 deaths from diphtheria and 208 deaths from diarrhœa. Omitting, however, the six deaths from diphtheria and the two from diarrhœa, which have occurred this year, the numbers will be 191 and 206 respectively for the ten years 1879–1888, which amount to an annual death-rate to every 10,000 persons living of 7·31 for diphtheria and 7·89 for diarrhœa. But 190 of the 191 deaths from diphtheria occurred during the six years

1883–1888, so that the annual mortality from diphtheria alone equalled 12·13 deaths to every 10,000 persons living, when it should have been *nil*. On the other hand, in the subdistrict of Farnham, including the parishes of Farnham, Waverley, Frensham, and Dockenfield, the population amounted in 1881 to 13,386 persons, who are out of the influence of the baneful Blackwater and on the southern slope of the water parting. During the ten years 1879–1888, the number of deaths registered in this subdistrict were from diphtheria 64, and diarrhœa 66, which would be equal to an annual death-rate to every 10,000 persons living of 4·78 and 4·93 respectively.

The Blackwater divides the parish of Aldershot with the South Camp and the parish of Farnborough with the North Camp from that of Frimley, the first two being on the left and the last on the right bank. We have seen what has taken place on the Frimley side; let us now see what has obtained in its opposite neighbour, Farnborough. Out of the 19 deaths from diphtheria that were registered in the Farnborough subdistrict, scattered over the North Camp at Aldershot, the parishes of Cove, Hawley with Minley, Yateley, and Farnborough, eight occurred in the small parish of Farnborough during the two years 1885 and 1886, amongst a population of only 3426 persons, giving a death-rate from this cause equal to 11·67. At the time this was occurring on the left bank of the foul river there occurred 56 deaths in the subdistrict of Frimley, 22 of which took place in the small parish of Frimley, amidst a population of only 4012, or at an annual death-rate of 27·41 to every 10,000 living. Such an experience ought to have acted as a motive for immediate action towards the extirpation for ever of the wretched cause of so much disease and death. The two facts I commenced with stare us in the face; and there are other evils impending, for the district registrar had, up to the end of June, already registered 6 cases of diphtheria in the subdistrict of Frimley and 2 in that of Farnham.

The history of the last ten years points to the fact that diphtheria was first fatal in the parish of Farnham, around the source of the Blackwater, during 1879–82, when 6 deaths occurred; up to the last date only one death had occurred in the Frimley subdistrict. In 1883, 12 deaths took place; in 1884, 66; in 1885, 56; in 1886, 25; in 1887, 9; in 1888, 22; and in the first two quarters of this year, 6 deaths. Dr. John A. Lorimer, the medical officer of health, mentions in his report for 1888 that "in York Town and Camberley there were 51 cases of diphtheria reported, 17 of which proved fatal; one in three." In the Frimley subdistrict the fourth or winter quarter is the most fatal; in the Farnham subdistrict the second quarter. Diarrhœa in both subdistricts is most fatal in the third quarter. Both diphtheria and diarrhœa can be clearly traced down the stream, their causes acquiring strength as they go. The river is in a valley of the middle Bagshot sands, characterised by a retentive and peaty soil, and is sheltered on the N.E. and S.W. by the Chobham ridges of the upper Bagshot sand on the right bank, and heights of a similar geological character on the left; the consequence is that free air flushing by the prevailing winds is hindered; and the pestiferous emanations from its foul water and still fouler banks lie about, and overflow into the houses which skirt the valley, like those of Farnborough, Frimley, York Town, Camberley, &c., where they meet with other emanations, the outcome of defective local drainage and an insufficient water-supply. The remedy is simple—as a watercourse the river should be protected according to the law. There is plenty of hungry land on the heights where the sewage would do good. The Upper and Lower Bagshot sands, as I have fully shown in the paper referred to, are eminently conducive to health; but their power for good may be easily destroyed when the springs that arise in them and the rivers that flow through their valleys are polluted. The Aldershot camps are much too near such a foul source of death; and the deaths from diphtheria that have already occurred in the town and the camps should long ago have made it imperative upon the Farnham rural sanitary authority to stop the evil at the fountain-head. In conclusion, I must add that the medical officer of health (Dr. Lorimer) has year after year brought the state of the Blackwater, the defective drainage, the insufficient water-supply, and the deplorable sickness and mortality caused by diphtheria and other preventable diseases, before the Farnham Sanitary Authority, but without the slightest effect. It would be useless for the Hartley Wintney Authority to take the initiative, whilst the pollution comes from above them. All the sanitary authorities should combine towards one end, the removal of the present and the prevention of future nuisance.

Pharmacology and Therapeutics.

SCHUHKRAFFT'S CRYSTALLISED PERUVIAN BARK (OR SOLUBLE QUINQUINA).

MESSRS. BURGOYNE, BURBIDGES & CO., of Coleman-street, have forwarded to us a specimen of the above. It is a preparation intended to obviate the unpleasant grittiness occasionally complained of when cinchona bark is employed. It is guaranteed to contain exactly its weight of the purest bark imported from Bolivia, and thus to be of definite composition. The samples submitted to us dissolve readily in water, and also in any form of wine, giving a solution of agreeable colour and characteristic taste and odour, entirely free from any perceptible traces of woody fibre. The "soluble quinquina" is also prepared in an "effervescent" form, intended to yield a pleasant, acidulated, effervescing saline draught for summer use. In our hands this preparation has not yielded very satisfactory results; the effervescence has been very slight, and the compound has only dissolved slowly. The former preparation, however, will probably find favour with the profession and the public, since the advantages of cinchona bark can be obtained from it without the troublesome necessity of shaking the mixture.

COMPOUND SULPHUR LOZENGES.

These lozenges, prepared by R. Hogg & Son, of Southwick-street, have an agreeable, slightly saccharine taste. They are quite free from grittiness. They form a convenient method of obtaining the general alterative and laxative effects of sulphur.

YELLOW OXIDE OF MERCURY SUBCUTANEOUSLY ADMINISTERED.

Dr. Chernoguboff has made a number of observations in the Miasnitski Hospital in Moscow in regard to the subcutaneous injections of the yellow oxide of mercury in connexion with the treatment of syphilis, and has come to the following conclusions. Two-grain doses cause a quicker disappearance of all symptoms than smaller doses, reducing in 92 per cent. of cases the necessity for professional visits to one or two. In fresh cases an interval of ten or eleven days between the injections is sufficient to prevent salivation, but old cases require a longer interval. The injection should be made into the cellular tissue, and not into the muscles, to avoid the great pain in the case of the latter, and the frequent occurrence of abscesses. The treatment is said to cut short all symptoms, both when the disease is progressing and when it is on the decline; new spots, especially on the mucous membrane, are very rare. In tertiary syphilis, according to Dr. Chernoguboff, early gummata, and those which are breaking down, quickly disappear under the treatment; but in impetigo and rupia iodide of potassium is often required in addition. Local applications do not usually accelerate a cure, except in sore-throat with papular infiltration of the tonsils, which requires heroic treatment. Relapse occurs as in other methods after two or four months. Men and women equally bear well large doses; children from twelve to fourteen years require one grain only. The treatment is contraindicated in severe anæmia which has not been caused by the specific disease, in general exhaustion, undoubted alcoholism, chronic inflammation of parenchymatous organs, and in extensive dental caries; pregnancy is not a contra-indication. Mercury is found in the urine in from four to eight hours after the injection.

A NEW FEVER HOSPITAL AT BOLTON.—On the 2nd inst., Mr. John Wardle, the chairman of the Bolton Rural Sanitary Authority, laid the corner stone of this new fever hospital, which will be erected on the pavilion plan. Hospital accommodation for the isolation of infectious patients has been a long-felt want in this extensive district.

TENTH INTERNATIONAL MEDICAL CONGRESS, BERLIN, 1890.

THE preliminary steps for the promotion of the forthcoming International Medical Congress were taken on Sept. 17th, when a meeting of delegates was held at Heidelberg, and the organisation as concerns the general arrangements, sections, &c. was framed. It was decided that the Congress should open at Berlin on Aug. 4th and close on Aug. 10th. The organising committee was constituted by Profs. Virchow, von Bergmann, Leyden, and Waldeyer, and Dr. Lassar was appointed general secretary. This committee was empowered to nominate honorary presidents and secretaries; and for each of the several sections a committee was formed consisting of nine associates, whose duty it should be to prepare the work of the sections, each committee having upon it one member residing at Berlin (acting as its chairman) to facilitate the transaction of the business (see appended list, the name of the member thus selected being indicated by an asterisk). It was also decided to hold an international medical and scientific exhibition in connexion with the Congress. The regulations of the Congress as to the admission of members &c. and the general programme were also adopted. There are to be eighteen sections (*vide* below), and besides the sectional meetings there will be general meetings for the transaction of the business of the Congress, for addresses and reports of general interest. The official languages will be German, English, and French, and the programmes and regulations will be printed in all three languages. Communications regarding the work of the sections are to be addressed to the chairmen of the sections, and all other communications to the general secretary, Dr. Lassar, Berlin, N.W. Karlstrasse, 19.

The following is a list of the provisional councils of the various sections:—1. *Anatomy:* Flemming (Kiel), Gegenbaur (Heidelberg), Hasse (Breslau), *Hertwig (Berlin), His (Leipzig), v. Kolliker (Würzburg), Kupffer (Munich), Merkel (Göttingen), Schwalbe (Strasburg). 2. *Physiology and Physiological Chemistry:* *Du Bois-Reymond (Berlin), Heidenhain (Breslau), Hensen (Kiel), Hüfner (Tübingen), Hoppe-Seyler (Strasburg), Kühne (Heidelberg), Ludwig (Leipzig), Pflüger (Bonn), Voit (Munich). 3. *General Pathology and Pathological Anatomy:* Arnold (Heidelberg), Bollinger (Munich), Grawitz (Greifswald), Heller (Kiel), Ponfick (Breslau), v. Recklinghausen (Strasburg), *Virchow (Berlin), Weigert (Frankfort a. M.), Zenker (Erlangen). 4. *Pharmacology:* Binz (Bonn), Böhm (Leipzig), Filehne (Breslau), Jaffé (Konigsberg), *Liebreich (Berlin), Marmé (Göttingen), Penzoldt (Göttingen), Schmiedeberg (Strasburg), Hugo Schulz (Greifswald). 5. *Medicine:* Biermer (Breslau), Gerhard (Berlin), Kussmaul (Heidelberg), Leube (Würzburg), Leyden (Berlin), Liebermeister (Tübingen), Mosler (Greifswald), Naunyn (Strasburg), v. Ziemssen (Munich). 6. *Diseases of Children:* *Henoch (Berlin), Heubner (Leipzig), Kohts (Strasburg), Krabler (Greifswald), Ranke (Munich), Rehn (Frankfort a. M.), Soltmann (Breslau), Steffen (Stettin), Ungar (Bonn). 7. *Surgery:* Bardeleben (Berlin), *v. Bergmann (Berlin), Czerny (Heidelberg), König (Göttingen), v. Lotzbeck (Munich), Schede (Hamburg), Trendelenburg (Bonn), v. Volkmann (Halle), Wagner (Königshütte). 8. *Obstetrics and Gynæcology:* Fritsch (Breslau), Gusserow (Berlin), Hegar (Freiburg), Hofmeyer (Würzburg), Kaltenbach (Halle), Löhlein (Giessen), *Martin (Berlin), Ohlshausen (Berlin), Winckel (Munich). 9. *Neurology and Psychiatry:* Binswanger (Jena), Emminghaus (Freiburg), Erb (Heidelberg), Flechsig (Leipzig), Fürstner (Heidelberg), Grashey (Munich), Hitzig (Halle), Jolly (Strasburg), *Laehr (Berlin-Zehlendorf). 10. *Ophthalmology:* O. Becker (Heidelberg), Eversbusch (Erlangen), v. Hippel (Giessen), Hirschberg (Berlin), Leber (Göttingen), Michel (Würzburg), Schmidt-Rimpler (Marburg), *Schweigger (Berlin), v. Zehender (Rostock). 11. *Otology:* Bezold (Munich), Bürkner (Göttingen), Kirchner (Würzburg), Kuhn (Jena), *Lucae (Berlin), Magnus (Königsberg), Moos (Heidelberg), Schwarz (Halle), Trautmann (Berlin). 12. *Laryngology and Rhinology:* Beschorner (Dresden), *B. Fraenkel (Berlin), Gottstein (Breslau), A. Hartmann (Berlin), Jurasz (Heidelberg), H. Krause (Berlin), Michael (Hamburg), Schech (Munich), M. Schmidt (Frankfort a. M.). 13. *Dermatology and Syphilography:* Caspary (Königsberg), Doutrelepont (Bonn), Köbner (Berlin), *Lassar (Berlin), Lesser (Leipzig), Lewin (Berlin), Neisser (Breslau), Unna (Hamburg), Wolff (Strasburg). 14. *Diseases of the Teeth:* *Busch (Berlin), Calais (Hamburg), Hesse (Leipzig), Fricke (Kiel), Holländer (Halle), Miller (Berlin), Partsch (Breslau), Sauer (Berlin), Weil (Munich). 15. *Hygiene:* Flügge (Breslau), Gaffky (Marburg), Graf (Elberfeld), F. Hofmann (Leipzig), R. Koch (Berlin), *Pistor (Berlin), V. Pettenkofer (Munich), Wolffhügel (Göttingen), Uffelmann (Rostock). 16. *Medical Geography and Climatology* (History and Statistics): Brock (Berlin), Dettweiler (Falkenstein), Falkenstein (Lichterfelde), Finkelnburg (Bonn), Guttstadt (Berlin), *A. Hirsch (Berlin), Lent (Cologne), Wenzel (Berlin), Wernich (Coeslin). 17. *State Medicine:* Falk (Berlin), Günther (Dresden), V. Hölder (Stuttgart), Knauff (Heidelberg), Lesser (Breslau), *Liman (Berlin), Reubold (Würzburg), Schönfeld (Berlin), Skreczka (Berlin). 18. *Military Hygiene &c.:* Abel (Stettin), v. Coler (Berlin), v. Fichte (Stuttgart), Grasnick (Berlin), Grossheim (Berlin), *Krocker (Berlin), Mehlhausen (Berlin), Mohr (Munich), Roth (Dresden).

THE PARIS UNIVERSAL EXHIBITION.

(FROM OUR SPECIAL CORRESPONDENT.)

French Pharmaceutical and Chemical Exhibitions.

CLASS 45—that is, the section devoted to the exhibition of chemical and pharmaceutical products—is situated in the main building, about half-way between the English section and the machine gallery. It is a large exhibit, and not without interest even to those who know absolutely nothing about chemistry. The variety of colour and shape of the crystals is attractive, and by the uninitiated some of the crystals are mistaken for precious stones. The crystallisations of metallic bismuth, shown by Poulenc Frères, are, for instance, very striking. Close by them will be found a remarkable specimen, actually weighing 500 grms., of melted iridium, shown by Messrs. Billault of Billancourt, well-known manufacturers. Several great chemical works exhibit, notably the Société Ancienne de Produits Chimiques. M. Maletra, one of the oldest firms, which, together with that of Coignet and Co., are *hors concours* and members of the jury. We have the Société de Saint Gobain, who were the first to introduce into France the English method of making sulphur from soda residue. They now profess to supply sulphur of a purer quality than the Sicilian sulphur. The Pharmacie Mialhe of Puteaux is also a renowned house, and they exhibit nitrates, chlorhydrates, and synthetic cocaine. Messrs. Vée and Co of Ivry have a special method of congealing concentrated extracts by cold applied in dry vacuum. They exhibit specimens of such extracts, notably of bitter orange extracts, pine wood, tolu cherry, quinine, &c., also photographs of the apparatus they employ for this purpose. The Central Pharmacy of France, which boasts of a capital of £400,000, has a very notable exhibit, including some specimens of the alkaloids of quinine. Together with Messrs. Billault, they have received the grand prize.

In the centre of the section there is a very interesting collective exhibit of French pharmacists, giving the principal results of researches during the last century. There are books, illustrations, chemical apparatus, specimens of plants, and some of the special medicaments that enjoy the highest repute. Among these may be noted Aubergier's syrup of lactucarium. This sedative medicament was approved by the Academy of Medicine in 1862, and inscribed on the Codex. The lactucarium is obtained by incisions made in the stem of the Lactuca virosa altimassa, planted in the specially fertile soil of the Limagne of Auvergne, and is worth about £12 the kilogramme. This syrup of lettuce has a corrective effect on the small quantity of opium which it contains, and ensures results which that same quantity of opium taken alone would never give; hence its position among the useful medicaments of the century. Close at hand Messrs. Adrian and Co. of Paris have a varied and rich exhibition. They show, for instance, a jar of crystallised digitaline, which they estimate at £480, the drug being generally sold at 30 fr. the gramme. They have the whole series of digitalines, terpines,

and the soluble hæmoglobin with which the Vin Deschiens is made. They have obtained some exceptionally small crystals of iodide of potassium, which are consequently much easier to dissolve. Then they have subnitrate of bismuth eight to ten times lighter than what is generally made. This bismuth is consequently much easier to exhibit. Just opposite this stall is placed the absolutely scientific and non-commercial discoveries and exhibits of M. Tauret which have obtained the highest award, the grand prix. The next to notice is the well-known firm of H. Fournier and Co. Dr. Nogareaud courteously answered all questions relating to these exhibits. One of the most practical innovations is a large assortment of sugar-coated pills, with the composition of the pill printed in very clear, neat letters on the coat. Further, the sugar itself is of different colours, so that mistakes cannot arise, each pill having its distinct colour and bearing its own label. The coating is made with great care, so as to allow of exposure to tropical climates. This firm makes also Dr. Belloc's vegetable carbon—a charcoal powder obtained by the careful carbonisation of poplar tree wood, which, it appears, is preferable to other woods for therapeutic purposes. This firm has largely contributed to introduce guaiacol, which forms 60 to 90 per cent. of the component parts of creasote. The guaiacol they obtain is a colourless liquid, with an agreeable odour; it boils at 200° C., and its specific gravity is 1117 grammes. Where large quantities of creasote are indicated but cannot be supported by the patient, guaiacol may prove of service.

A number of specialties will be seen in this section, such as, for instance, the Capsules Thévenot of Dijon. Composed in part of gum, they are more soluble and more supple than ordinary capsules, and therefore facilitate the administration of larger doses of medicine. The Lin Boggio-Aulagne is a preparation of linseed meal for poultices, from which the fats that become rancid have been removed. Then there is the popular Papier Fayard et Blayn, a favourite in so many French houses, where it is used as a substitute for our poor man's plaster. The Pharmacie Le Beuf exhibits an English specialty—namely, coal tar preparations, lotions, and emulsions. The elixir of Boldo Verne, said to be useful in liver diseases, is presented to the public. The boldo is a plant found in Chili, and has been used considerably, among other authorities, by Professor Gubler. It has therefore its place in the Exhibition. Then there is the Edulcer sugar for diabetic patients, and numerous preparations by Le Perdriel and Co. These latter include fagoglycine, given instead of cod-liver oil, effervescing salts of lithia, &c., and some thapsia plasters, conveniently prepared for general use and travelling. Of course the Papier Rigollet is close at hand, as also the opposition portable mustard leaf, called Papier Moutarde, which has the advantage of being a little cheaper. The Cachet Limousin, the cigarettes Aspic for asthma, are familiar acquaintances; and, as something more novel, we have close by Ad. Langlebert's preparations of the convalilaria majalis. But, among these French preparations, there are one or two missing. For instance, the medicament of all others most pleasant to children, the Tamar Indien, is absent. An aperient which is as good as a bonbon from Boissier or Sirandin is so typical of French refinement and elegance in the little things of life that it certainly should have held a prominent place. Nor could I find Dr. Clin's bromide of camphor capsules, used in Dr. Charcot's clinique, and the Fer Rabuteau. This latter preparation is based on the theory propounded by the eminent French chemist, M. Wurtz, that the principal acid of the gastric juice is chlorhydric acid. By numerous experiments on animals, Dr. Rabuteau established that iron is converted by the stomach into proto-chloride of iron before its assimilation. Hence he sought to prepare an iron in the condition necessary for its assimilation by the system without having to tax the gastric juices for that purpose. The Fer Rabuteau is therefore a proto-chloride of iron, and is certainly one of the most popular ferruginous preparations known in France. M. Chaissaing has the gold medal for his scientific exhibits of pepsin. M. Chaissaing insists very forcibly on the necessity for the practitioner possessing a soluble pepsin of a known strength. The fibrin and albumen should not merely be dissolved, but they should be fully converted into peptones. A pepsin may dissolve a considerable amount of fibrin, but digest only a small quantity. The Vin Chaissaing is known throughout France, and its popularity will increase now that the Chaissaing pepsins have obtained the gold medal.

Just outside the section are some fine exhibits of quinine bark. C. Hoffmann's stall has a very complete collection of every possible variety. There is the trunk of a very large tree from Ceylon, big branches from Java, specimens of second-growth bark, and the cultivated Silvestre of Bolivia. These are the best quinines, whether cultivated or wild, and are used for the Quina Laroche and other well-known French productions. A shipload, by the way, of this preparation of quinine has been despatched to the unfortunate workers who, under the most unhealthy conditions, are trying to pierce the Panama Canal. The Quina Laroche is a mixture of the grey, yellow, and red quinines in a sweet southern wine of eleven to twelve degrees of alcohol, so combined that the bitter taste is almost imperceptible. The firm of Veuve Breton et Fils have also a very large exhibit of chinchonas, &c., and some cantharides. Such briefly are some of the points of interest to be noted in the French pharmaceutical section.

(To be continued.)

SHEFFIELD MEDICAL SCHOOL.

THE introductory address was given by Mr. Charles Atkin. After a few words of welcome to the students, the lecturer gave a brief epitome of the history of Anatomy and its allied science Surgery from the earliest times up to their establishment in Britain. The causes of the association of surgery and barbery were discussed up to their final dissolution of partnership in 1745. Note was made of the absence of allusions to anatomical knowledge in Holy Writ, and the paucity of reference to anything surgical, though sore eyes, roller bandages, and wine and oil dressing for wounds were mentioned. Very little of surgical interest was to be found in the writings of Chaucer or Sir Thomas More. Shakespeare's knowledge of surgery appears to have been limited to the primitive methods of stopping bleeding by cobwebs and flax with whites of eggs. Parmaceti is recommended for an inward bruise, as are plantain leaves for broken shins. Wounds are described as being treated by balsam, tents and caustics, and burns by applied heat. Broken bones when united are stated to be stronger than they were before. Mortifications and gatherings also receive mention. The only allusions to a distinct surgical operation on the *living* body, besides leeching and lancing, are in "Coriolanus," where this warrior is compared to a disease which must be cut away; and in "King Richard II.," where the Duke of York begs that the life of his son Aumerle may be cut off like a festered joint. Shakespeare was certainly conversant with the anatomy of the brain, notwithstanding ecclesiastical denunciations against opening the head as the seat of the soul. Samuel Butler lived in the days of legalised anatomy and the knowledge of the circulation of the blood, so "Hudibras" is replete with surgical allusions, such as "Well! Sidrophel, though 'tis in vain to tamper with your crazy brain without trepanning of your skull," &c., and "anatomists dissect and mangle to cut themselves out work to wrangle"; and, again, "can no transfusion of the blood that makes fools cattle do you good?" This last referred to the craze which had seized the public mind that rejuvenation—the true elixir vitæ—consisted in injecting fresh blood from animals into the veins. Though the necessity of a knowledge of anatomy to the surgeon was insisted upon in the second century, no further progress was made till the middle of the sixteenth. Galen likened a man working in or at a man's body without knowledge of anatomy to a blind man pruning a vine or carving an image and to an architect building without order or plan. And yet to-day, seventeen hundred years after, bonesetters who have never seen the interior of a joint continue to flourish amongst us. With regard to medical education, stress was laid on the value of preliminary training; carpentering for ensuring accuracy and acquiring manual dexterity was recommended, as well as a good foundation in physics, chemistry, and biology. The lecturer expressed the opinion that a higher standard for the preliminary examination was desirable, so that ne'er-do-weels could be weeded out from the first, thus saving much time, trouble, expense, and disappointment. Though a personal fondness for languages was expressed, the lecturer did not

recommend the study of them to be kept up except for the increasing of delights or for the chance of finishing medical education abroad; everything of value being immediately translated. The natural sciences, on the other hand, were strongly recommended. With regard to examinations, the lecturer made a difference between essentials and fundamental facts, on the one hand, and recondite details on the other, and he gave his opinion that only the latter should be prepared for. Stress was laid on the necessity of students acquiring an all-round knowledge in the specialties, as many of them might wish to practise in the colonies, where they would occasionally have to rely solely on their own resources. The subject of healthy homes was discussed, and not only was disease stated to be often the result of environment, but also drunkenness, immorality, and crime. With regard to hospitals, Mr. Atkin said there was no doubt but that more care might be displayed in checking the attendance of people who could well afford to pay a medical man a reasonable fee, though he considered the majority of hospitals would be acquitted of malversation. After accounting for the differences of medical opinion, and explaining the significance of the emblems of Æsculapius, the lecturer expressed a hope that the gentlemen present would learn to love their work, and that they would all become ornaments to the profession.

HOTELS.

(BY OUR ROVING CORRESPONDENT.)

THE subject of hotels is very important, because signs are not wanting that hotel living is on the increase and will continue to increase. There are many advantages in living in an hotel, and there can be no doubt that in a really well-managed establishment a very remarkable amount of ease and luxury can be obtained at a moderate cost.

In the remarks which follow, the hotels of cities are left out of consideration, and I propose to deal mainly with hotels erected at spots set aside as health resorts or recreation grounds, where those who are sick or jaded go for recovery and change.

It is a remarkable fact that by no means unfrequently the first idea which seizes on the mind of an hotel speculator or his architect is one which is essentially destructive. Having decided to "*exploiter*" this or that district by means of an hotel, he proceeds to erect a building which is absolutely out of harmony with its surroundings, and which tends to destroy, in so far as it be possible for one building to operate in that direction, those very characteristics which have made the locality famous or attractive. It is very difficult for the Cockney, be he architect or inn-keeper, to cast his slough, and the predominating idea in the narrow and self-sufficient minds of Cockneys (be they from London, Paris, Vienna, or New York) is the mere transplanting of a crude slice of a city even into a district which may be the embodiment of Nature in her wildest moods. Having perpetrated such an act, he probably speaks of it as the march of civilisation. Instances will readily occur to the mind of localities which hotel-keepers have done their best to spoil. Notable examples are to be found at Arcachon, where the brute mass of a huge hotel towers above the surrounding villas and pine-trees; at Meiringen and Thun, in Switzerland, where, alongside of rows of *châlets* and quaint mediæval towers, the barren-minded architects have placed buildings of which the best that can be said is that they might pass unnoticed in a fifth-rate Parisian boulevard; and at Augsburg, in Bavaria, where the "Drei Mohren," a hostelry associated with Charles V. and the Fuggers, has been pulled down and re-erected on the model of the "Langham." The first thing which the writer would impress upon hotel architects is to be careful to let the buildings harmonise with the locality. The hotel at which a traveller first alights on visiting a new district ought to serve as an introduction, as it were, and prepare his mind for the pleasures which may be in store for him.

The most common fault in hotels is the fact that the buildings are too high, and occupy an area which is absolutely inadequate for the purpose. In big cities this may be a necessity, but no such necessity exists in country places, and the main reason why country hotels are built on the model of town hotels is probably to be found in the very simple fact that, as I have hinted, most architects are Cockney-minded. The provision of adequate area for the inmates is insisted upon by designers of hospitals, prisons, and similar institutions, and perhaps some day the same wise ideas will prevail with designers of hotels, which are institutions in which the inmates are ready to pay handsomely to be made really comfortable and to be maintained wholesomely. In hospitals an acre of ground is considered desirable for each hundred patients; and, although this allowance may be excessive, it is well to bear in mind that when numbers are congregated under one roof it is absolutely necessary that area in proportion to the numbers be provided, and it is most important also to remember that even an excess of cubic space will not compensate for lack of area. Nearly all hotels stand upon a very deficient area; and almost all hotels when full present a degree of overcrowding which, from a sanitary point of view, is scandalous. Huge towering buildings, with as many floors as a warehouse, and perforated with staircases and hoists, so that each floor is "ventilated" into those above and below, may be tolerated for a short time by those who are hurriedly intent upon business or a whirl of "pleasure," but as places for prolonged sojourn or anything like permanent residence they are most undesirable. A resident in an hotel ought to be able to enjoy at pleasure either society or seclusion. In the public rooms he should find all that movement and gaiety which constitute the sole pabulum of dull minds, and which all of us enjoy at times. While in his own apartment, he ought to have quiet and peacefulness in the highest degree. This end cannot be attained without adequate area, and it is notorious that one of the greatest defects of modern hotels is the impossibility of being quiet until all the inmates are in bed and asleep. In an hotel where prompt service conduces so much to comfort, it is needless to say that the sources of supply should be equally accessible from all the living rooms. How to combine the possibility of seclusion with accessibility to the basis of supply is the problem for hotel architects to solve. It seems to me that the best general plan would be to place the living rooms in a quadrangle, having the common rooms in a distinct and loftier building in the centre, the kitchen being on the top floor of the central building, so that the smell of it would blow completely away. This smell of the kitchen is a terrible fact in most hotels, and it is certainly surprising to find how infinitely rarely do architects take any trouble even to minimise it. I can recall one hotel, and only one (at Royat in Auvergne), where the kitchen is placed on the top floor of the building; but I could name several in which the effluvia of the kitchen are conducted with infinite care into the bedroom corridors. The old-fashioned plan, which was common in England, of building inns round an open court and with open corridors was good, and the fact that the court was really open probably prevented unwholesome effluvia from reaching the bedrooms. In the present day it is common to find the rooms arranged, not round an open court, but around the well of a staircase which is closed, and instead of two tiers of rooms there are seven, eight, or even more. No worse design from the point of view of safety, comfort, or wholesomeness can well be conceived. With such a design there is no escape from noise or effluvia; there is a minimum amount of privacy, a maximum amount of labour in travelling from the front door to the rooms, and when these buildings catch fire we can only say, "God help those who live on the top floors!" And yet this is the commonest form of hotel, and the idea seems prevalent that the height of an hotel is nowadays immaterial, because the hydraulic lift abolishes (for the guests) the labour of going upstairs. That these lofty hotels enable proprietors to increase their accommodation without increase of ground-rent there is no doubt, but there is equally no doubt that from the guest's point of view they offer no advantages whatever, unless (which is very doubtful) they cheapen the cost of rooms. Of the hygienic disadvantages I have already spoken, and it remains only to be said that in order to check the drifting of effluvia and noise from floor to floor it is absolutely essential that staircases and lifts should be placed in buildings projecting from the main building and provided with independent ventilation. The time and labour which are involved by living at or near the top of a lofty building is self-evident. Theoretically, the lift reduces the expenditure of time and labour to a minimum, but practically the guest is often willing to

incur the labour of mounting by his own effort rather than lose time by waiting for the lift. Now the work done in raising the body vertically to a height is calculated to be equal to about twenty times the labour of walking on a level, so that the man who raises his body seventy feet in order to reach an upper floor of an hotel does an amount of work equal to walking 1400 feet on the level; so that, from the point of view of the labour incurred, it makes no difference to the guest whether his room be seventy feet vertically or 1400 feet horizontally from the front door of the hotel. These lofty buildings may, as I have said, be necessary in great towns, but it is clear that they offer so many physical and hygienic disadvantages as to render them quite indefensible in country places, where the price of land does not preclude the possibility of giving a reasonable area to a building intended for the accommodation of a large number of persons.

(To be continued.)

THE SANITARY INSTITUTE OF GREAT BRITAIN.

THE Session of this Institute was opened on Tuesday evening, the 8th inst., at the rooms of the Institute, Margaret-street, Sir Douglas Galton in the chair. Sir E. Chadwick read an address on "The General History and Principles of Sanitation," and commenced by referring to the earliest-known traces of sanitary science. The terrible scourging plagues that occurred amongst the Greeks, as at Athens, were evidences of low sanitary conditions; and there were then imperfect means for the collection and distribution of water. Yet there were very early sanitary principles described in the Mosaic provisions with reference to the Israelitish camp for removing and burying excreta. Diseases of the most serious character, such as consumption and rheumatism, were the constant effect of damp walls, which were frequently to be found in old houses as well as in those just newly built. It was proved, again, that where the sub-soil drainage of the sites of towns had been effected, phthisis had been reduced by one-half. On the other hand, where emigrants were located on undrained land fully half their children died from insanitary conditions soon after their fifth year. By the ancient law of Sparta, children who were weaklings were destroyed, but in our day it was found that by the application of modern sanitary science to children in their earliest infancy the weaklings were preserved and made good and profitable subjects in a strengthened and prolonged after-life. In conclusion, the lecturer said that the great principle of sanitation upon which it was necessary to insist was circulation *versus* stagnation. The only true and vital sanitary plan was the drawing away at every moment, by an increasing central mechanical power, all the dead human and other animal excreta of communities, and the casting of such excreta upon the land undecomposed, so that they might through the intermediate work of plants break out into life again, and give sustenance to man and animals. An examination of the work of the past seemed to open out a great future, especially for the working classes of the population. Under sanitation, every family might some day be provided with a dwelling-house well drained, well warmed, well ventilated, well lighted, well supplied with water, and with all comforts for the preparation of food and for the enjoyment of wholesome repose.

UNIVERSITY COLLEGE (MEDICAL FACULTY) ANNUAL DINNER.

ABOUT one hundred and forty old and present students of the Medical Faculty of University College met together for their annual dinner on Oct. 1st in the large general library of the College. Mr. William Cadge of Norwich took the chair and was supported by Mr. Erichsen, the President of the College, Dr. R. Quain, F.R.S., Dr. Russell Reynolds, F.R.S., Dr. Graily Hewitt, the Professors of the Medical Faculty, the members of the hospital staff, and old students of the College of almost every period since its foundation. After the customary loyal toasts, the chairman, who was received with great enthusiasm, proposed "Success to University College." After reviewing shortly the causes which led to the foundation of the College, and, alluding to the stimulus it had given to the higher medical education in this country, he expressed his belief that the almost filial love with which its old students look on the College was not due, as it well might be, to the many considerations which might well create a pride in it, but rather to the fact that within its walls they spent the first years of their real education, and laid the foundation of that knowledge which it had been the work of their lives to increase and mature. In conclusion he said, "Let us, then, with all these reminiscences of the past, with proof in abundance that earnest work is the feature of to-day, and with the confident belief that the future will equal or excel the past—let us with full hearts and glasses drink to the success of University College." The President of the College replied in eloquent terms, and concluded his speech by proposing the health of the old students, for whom Dr. Quain, F.R.S., replied. The last toast, the "Health of the Chairman," was proposed by Dr. Ringer, F.R.S., and was drunk with the greatest enthusiasm. During the evening an excellent selection of vocal and instrumental music was given by Dr. F. Roberts, Mr. S. H. Burton of Norwich, Professor Ramsay, and Mr. A. H. Powell of Beckenham.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

On the Sanitary State of the Blackburn Rural District, by Dr. PARSONS.—This report has but little interest beyond the story it tells as to lax sanitary administration, with concurrent needless sickness and death. The houses are in part badly constructed as regards foundations, want of damp-course, proper ventilation, and drainage; and this applies to new houses as well as to old ones. An absence of sewers and very imperfect methods of drainage are also referred to; and the closet accommodation is defective in amount, and is further a source of nuisance owing to faults of construction, dilapidation, and otherwise. Parts of the district have their water from the works of the Blackburn Corporation; elsewhere there are supplies which are liable to be fouled. And notwithstanding the provisions of the Public Health (Water) Act, and the withholding by the medical officer of health of the necessary certificates as to a proper water-supply, the authority allow new dwellings to be occupied. Details as to these various matters are given with regard to the several places in the district, together with statements as to occurrences of such diseases as enteric fever; and further evidence is afforded that where the attention of the authority has been drawn to sanitary defects, and even where notices have been served to remedy them, the matters have been simply allowed to rest. So again the authority complain that they need urban powers; but, as Dr. Parsons points out, they have all the necessary urban powers as to water-supply, sewerage and drainage, and nuisances, and when urged to procure additional ones so as to deal with new buildings, they had declined to do so on the ground that it would involve expense. Fortunately this latter error has been remedied since the report was written, and it is to be hoped that further action will also be taken as to the other matters calling for improvement.

On Epidemic Diphtheria at Sowerby Bridge, by Dr. PARSONS.—The physical and sanitary features of this Yorkshire town, with a population of some 10,000 inhabitants, are largely regulated by its position on the steep slopes of a narrow river valley; the houses being packed together, as a rule back-to-back, in rows one above another on the hill slopes. Some buildings, indeed, constitute a triple house; one a front house, the next a back house, and below a cellar house, one of them being entered from a gallery. Apart from some need for further ventilation of sewers the sewerage system presents no special features, but the interiors of the old houses remain in direct communication with drains by

means of sink-pipes. Water did not come under any suspicion, and the disposal of excreta and refuse presented no unusual features. According to the former medical officer of health, Dr. Britton, there were some deaths from diphtheria in Sowerby Bridge in 1882-83, and this after some years of freedom from the malady. In 1885 again diphtheritic croup is spoken of as having attacked many, the cause being very obscure. Between 1885 and the close of 1888 nothing further than three "croup" deaths came under notice. But between October, 1888, and May, 1889, 94 households were invaded with diphtheria, 131 cases and 27 deaths occurring. Of 128, concerning whom information was procured, 84 were children between four and fourteen years of age, which may be looked upon as the school-going age; and the outcome of a somewhat laborious investigation is to the effect that one child living in a somewhat damp situation between the canal and river, having in Oct., 1888, suffered from a throat affection which Mr. Horsfall, the present medical officer of health, cannot but regard as one of diphtheria, seventeen attacks followed in November in the school which she attended; and later on the disease attacked other schools, as well as children attending no school at all. Mild attacks, not recognised as diphtheria until the advent of sequelæ, tended to the spread of the disease, and in this way, exclusion of scholars from school who were known to have illness in their houses, failed to stay the malady. School closure, however, for a month stopped the further progress of the disease amongst the children attending the Board schools. Sanitary circumstances can only have played a very incidental part in the diffusion of this outbreak, and Dr. Parsons only refers to the entrance of sewer air into houses in this connexion, adding that there was no conclusive evidence as to its influence. Unfortunately the only hospital available was at Halifax, three miles away, and as a consequence no attempt was made to use it to isolate first cases of diphtheria.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Maidstone Urban District.—Mr. Matthew Adams records the death-rate of this district as 14·4 per 1000 during 1888, and in a tabular form he shows how marked a diminution has taken place since twenty years ago, when the rate was constantly about 25 per 1000. The most serious item in the death-returns consists of 12 deaths from diphtheria—the highest mortality since 23 deaths were distributed over the two years 1882-83. Last year 41 cases were heard of, a special outburst taking place in the district of Tovil. A connexion between this disease and both scarlatina and measles has often been suggested, and Mr. Adams states his belief that it is a real one. And he is inclined to the view that diphtheria generally follows the former diseases, a continued prevalence of which in some way prepares the way for the diphtheria, possibly by reason of the production of excretions favourable to the growth of the specific organism of the disease. But, at the same time, he is none the less convinced that bad sanitary surroundings, and especially bad drainage, often constitute the proximate cause of diphtheria, and he proceeds to enforce this view by recording recent experiences. We regret to learn, incidentally, that the diphtheria of the past year has continued into the present one, and that the causes of its persistence are by no means clear, although they are constantly subject to every investigation on which the ample means at Mr. Adams's disposal can be brought to bear. The system for the disposal of excreta in Maidstone, and the unsatisfactory state of some of the sewers and drains, are matters that would at any time have been important; at the present moment it is most urgent that they should be remedied so as to eliminate all possible causes of persistent disease, and at the same time give a better tone to the general sanitary circumstances of the town.

Stafford Urban District.—Dr. Milnes Blumer estimates that, owing to trade depression, the population of this district has diminished by about 600, and that it now stands at 18,923, on which the death-rate for 1888 would be 21 per 1000; or if corrected for outside deaths in the borough public institutions, 16·9 per 1000. The infantile death-rate was low—namely, 113 per 1000 registered births, and only one such death was due to diarrhœa. Infectious diseases were not numerous or fatal; and it is stated that the clauses as to compulsory notification continue to work smoothly. But, in connexion with certain occurrences of diphtheria and enteric fever, the contamination of local wells is referred to, a condition which should lead to active measures for the abolition of such sources of supply. The question of providing a permanent isolation hospital is to come under consideration. As to this, we would remark that any authority having compulsory powers as to notification would do well to possess such proper means of isolation as they can be assured of having access to at any moment that may be necessary. The existing arrangement, apart from small-pox cases, is with the infirmary authorities, and does not appear to be of this sort.

Batley Urban District.—After dealing with the question of lead-poisoning by water, to which we have elsewhere adverted, Dr. Swann goes on to point to some blemishes attaching to his district which are of very long standing, and which must tend to maintain a low standard of health. Thus he refers to houses either altogether without means of drainage, or fouling watercourses, or having old drains never yet connected with the new system; to houses befouled by contiguity to and soakage from the midden-privies which in this neighbourhood present nearly every feature which should be avoided; and to houses unfit for habitation by various reasons. Something, however, is being done as to midden-privies, but we very much fear it is not action of a sufficiently radical sort. New bye-laws are fortunately in prospect, and this may lead to a change in this respect as regards newly erected dwellings. The zymotic death-rate, though not low, is fortunately less than at any time since 1884, but Dr. Swann takes occasion to remind his authority that last year was one of exceptional death-rates in the country generally, and that nearly an eighth of the year's deaths were in Batley due to causes generally regarded as preventable. The death-rate from all causes was 17·3 per 1000.

Romford Rural District.—Diphtheria was the most important of the infectious diseases occurring in this district during 1888, and a local epidemic of it took place at Ilford, where it is mainly attributed by Mr. Alfred Wright to escape of sewer air from the street ventilators. Some special danger from this cause arises from the fact that in certain sewers the fall is so insufficient as to admit of stagnation of contents, and it is urged that, unless this be dealt with by effective flushings, further danger is likely to arise in the more densely peopled parts of the district. Indeed, after such flushings in the summer of last year, the disease at once ceased. One part of Hornchurch is also spoken of as in a bad sanitary state for want of proper drainage. The general death-rate of the district for last year was comparatively low, namely, 13·6 per 1000 living.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5541 births and 3219 deaths were registered during the week ending Oct. 5th. The annual rate of mortality in these towns, which had steadily increased in the preceding four weeks from 16·2 to 17·9 per 1000, declined again last week to 17·6. During the thirteen weeks of last quarter the death-rate in these towns averaged 18·6 per 1000, and was 1·6 below the mean rate in the corresponding periods of the ten years 1879-88. The lowest rates in these towns last week were 10·1 in Derby, 10·7 in Leicester, 11·6 in Cardiff, and 13·2 in Birmingham. The rates in the other towns ranged upwards to 24·0 in Wolverhampton, 25·3 in Newcastle-upon-Tyne, 25·7 in Sunderland, and 25·8 in Manchester. The deaths referred to the principal zymotic diseases, which had been 537 and 529 in the preceding two weeks, further declined last week to 403; they included 147 from diarrhœa, 63 from diphtheria, 62 from "fever" (principally enteric), 52 from scarlet fever, 45 from whooping-cough, 34 from measles, and not one from small-pox. These zymotic diseases caused no death last week in Derby or in Huddersfield, and the highest death-rates in Salford, Wolverhampton, and Plymouth. The greatest mortality from diarrhœa occurred in Brighton, Salford, Bradford, and Wolverhampton; from "fever" in Manchester, Birkenhead, Leeds, and Salford; from scarlet fever in Bolton and Plymouth; from whooping-cough in Preston and Bristol; and from measles in Bradford, Sunderland, and Preston. The deaths from diphtheria included 45 in London, 7 in Manchester, 5 in Salford, and 2 in Liverpool. Small-pox caused no death in any of the twenty-eight great towns;

and no small-pox patient was under treatment at the end of the week either in the Metropolitan Asylum Hospitals or in the Highgate Small-pox Hospital. The number of scarlet-fever patients in the Metropolitan Asylum and the London Fever Hospitals at the end of the week was 1299, against numbers increasing in the preceding fourteen weeks from 559 to 1247; 149 cases were admitted to these hospitals during the week, against 196, 128, and 166 in the three previous weeks. The deaths referred to diseases of the respiratory organs in London, which had been 142 and 189 in the preceding two weeks, further rose last week to 225, but were 22 below the corrected average. The causes of 68, or 2·2 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Bradford, Sunderland, Nottingham, and in eight other smaller towns; the largest proportions of uncertified deaths were registered in Hull, Huddersfield, Oldham, and Liverpool.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 16·4 and 18·8 per 1000 in the preceding two weeks, was 18·6 in the week ending Oct. 5th; this rate exceeded by 1·0 the mean rate that prevailed during the same week in the twenty-eight large English towns. The rates in the Scotch towns ranged from 11·6 and 14·0 in Paisley and Greenock to 20·4 in Glasgow and Leith and 22·2 in Perth. The 476 deaths in the eight towns showed a decline of 5 from the number in the previous week, and included 16 which were referred to diarrhœa, 15 to whooping-cough, 13 to diphtheria, 11 to "fever" (typhus, enteric, or ill-defined), 8 to measles, 6 to scarlet fever, and not one to small-pox; in all, 69 deaths resulted from these principal zymotic diseases, against 74 in each of the preceding two weeks. These 69 deaths were equal to an annual rate of 2·7 per 1000, which exceeded by 0·5 the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of diarrhœa, which had been 38, 36, and 30 in the previous three weeks, further fell last week to 16, of which 7 occurred in Glasgow and 3 in Dundee. The deaths from whooping-cough exceeded the number in the previous week by one, and included 11 in Glasgow and 2 in Paisley. The 13 deaths from diphtheria showed a further increase upon recent weekly numbers; 4 occurred in Leith, 3 in Glasgow, and 3 in Edinburgh. The deaths referred to "fever," which had been 6 and 11 in the preceding two weeks, were again 11 last week, and included 6 in Glasgow and 2 in Greenock. The fatal cases both of measles and of scarlet fever showed an increase. Four deaths from measles occurred in Aberdeen, and 3 (both of measles and of scarlet fever) in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 66 and 89 in the preceding two weeks, further rose last week to 99, and exceeded by 20 the number in the corresponding week of last year. The causes of 42, or nearly 9 per cent., of the deaths registered in the eight towns were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 18·6, 24·5, and 31·5 per 1000 in the preceding three weeks, declined again to 26·2 in the week ending Oct. 5th. During the thirteen weeks of last quarter the death-rate in the city averaged 24·0 per 1000, the mean rate during the same period being 16·5 in London and 15·9 in Edinburgh. The 177 deaths in Dublin last week showed a decline of 36 from the number in the previous week; they included 12 which were referred to diarrhœa, 7 to "fever" (typhus, enteric, or ill defined), 3 to whooping-cough, 1 to measles, and not one either to small-pox, scarlet fever, or diphtheria. Thus the deaths from these principal zymotic diseases, which had been 20, 31, and 30 in the preceding three weeks, declined again last week to 23; they were equal to an annual rate of 3·4 per 1000, the rate from the same diseases being 1·9 in London and 1·4 in Edinburgh. The deaths attributed to diarrhœa, which had increased in the previous four weeks from 11 to 23, fell again last week to 12; the 7 deaths from "fever" exceeded the number in the previous week by one. The deaths both of infants and of elderly persons were fewer than those returned in the previous week. Four inquest cases and 4 deaths from violence were registered; and 46, or more than a quarter, of the deaths occurred in public institutions. The causes of 34, or more than 19 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL STAFF.—Surgeon-Major Sidney Key worth Ray to be Brigade Surgeon, ranking as Lieutenant-Colonel, vice W. Folliott, F.R.C.S. Ireland, granted retired pay (dated Sept. 25th, 1889).

ARMY MEDICAL RESERVE OF OFFICERS. — Surgeon William John Naismith, M.D., F.R.C.S. England, to be Surgeon-Major, ranking as Major (dated Oct. 9th, 1889).

ADMIRALTY. — The following Surgeons have been promoted to the rank of Staff Surgeon in Her Majesty's Fleet—viz., James Porter, M.A., M.B., Charles James, Thos. Loane, M.D., John Bellhouse Bowden Triggs, M.B., George Robert Deighton Charlton, George Warner Bell, and Francis Austen Jeans (dated Sept. 29th, 1889).

The following appointments have been made:—Surgeon Horatio S. R. Sparrow to the Royal Marine Artillery at Eastney; Mr. Frederick D. Lawson to be Surgeon and Agent at Bridlington (dated Oct. 9th, 1889).

ROYAL NAVAL ARTILLERY VOLUNTEERS (Clyde Brigade). Surgeon James Cowan Woodburn, M.D., to be Staff Surgeon (dated Sept. 24th, 1889).

VOLUNTEER CORPS.—*Engineers* (Fortress and Railway Forces): 1st Devonshire and Somersetshire: Acting Surgeon M. L. Brown, M.D., resigns his appointment (dated Oct. 5th, 1889).

Correspondence.

"Audi alteram partem."

MEDICAL EDUCATION.

To the Editors of THE LANCET.

SIRS,—I am glad to see that the seed I cast upon the soil in my address on Medical Education to the members of the British Medical Association is not unlikely to be fruitful, and that in at any rate two very highly cultivated fields it has taken root, and is already well above the ground. I allude to the addresses delivered at the opening of the medical session at the Yorkshire College in Leeds by Professor Gairdner of Glasgow and at the St. George's Hospital Medical School in London by Dr. T. Clifford Allbutt respectively. I desire nothing more in the interest of medical education than that the subject should be thus freely discussed, that the voice of the profession at large should be heard upon it, and that professional opinion concerning it should, as far as possible, be fully elicited. The ground I took in my address is that, as matters stand at present, the student at the close of his curriculum is not as well prepared as he ought to be, and might be, to cope with the responsibilities of general practice, and that he needs something for which that curriculum has not provided—viz., a knowledge of the more common forms of ordinary illness. He may be, no doubt he is, well versed in the general principles of his profession. He may possess, he unquestionably does possess, in the aggregate a vastly greater amount of medical and surgical knowledge than the recently equipped practitioner of a former age, and yet, for a time at any rate, he is not his equal, inasmuch as he lacks the groundwork and the foundation upon which all his work should rest. My argument is this, that in former times, when the old-fashioned system of apprenticeship was in vogue, the student had the opportunity, greater or less, as the case might be, to see the daily routine of medical practice, of making himself acquainted with ailments and illnesses of which he can see nothing in his hospital experience, and of picking up a vast fund of knowledge whose utility would be of inexpressible value to him to the last day of his career; that *in altogether abolishing apprenticeship* a false step has been taken, and that medical education has been to some extent impoverished. And this, notwithstanding all that may be said by ultra-educationists, and by those who place theoretical knowledge so far in advance

of practical experience, is, I believe, the opinion honestly entertained by a very great majority of thoughtful medical men of our time. No one values a university education more highly than I do; no one longs more earnestly and profoundly than I that every medical student could enjoy so incalculable a privilege; but what cannot be cannot be, and, for those to whom the university is an impossibility, I hold that the best *attainable* means should be provided. You will now, I am sure, permit me a few words in reply to Professor Gairdner and to Dr. Clifford Allbutt respectively, especially as those words are clearly needed to prevent misunderstanding. The words in my address to which, in each instance, apparently, objection has been taken are as follows:—

"*Medical Education in the Present.*—Year by year and little by little we have been accumulating a burden which, if not absolutely more than the shoulders of the student can bear, is yet heavier than he can possibly carry with credit; and, instead of increasing his opportunities to acquire the strength necessary to bear it, we have curtailed his time, have deprived him of material advantages, and, in accordance with the hurry of the age, have demanded results well-nigh impossible of attainment. The five years of apprenticeship have been swept away, and with them the opportunity to master the groundwork of medical education and to acquire a sound knowledge of the more common forms of ordinary illness has gone also; and in four years, instead of eight, we permit the whole work to be completed. We have determined to ignore the utility of that homely but infinitely useful form of preparation for the higher parts of medical education which apprenticeship or pupilage was pre-eminently calculated to afford; we have determined that from the day on which a boy has been able to pass a very ordinary and limited educational examination he shall be permitted to take his place in a medical school, and we have arranged a curriculum which, if by dint of slavish toil he can master, shall enable him, at the early age of twenty-one, to enter upon the full responsibilities and duties of practice."

Dr. Gairdner's objection comes practically to this, that this familiarity with the conditions which will form the actual environment of the medical man not only in his earlier years but all through his life *is not necessary;* that his general education in the principles of his profession will secure him from disaster; and that experience will come with time; and he goes on to reason that, if it is necessary for him to have *seen* and *done* all the lesser, he ought by parity of reasoning to have also seen and done all the great things also. My answer is, by all means let him have seen, done, handled, and operated on everything that is possible; at least, let him have seen them done by competent hands. Let him, under skilled guidance, have himself performed all the minor operations—the operations he may be called upon to undertake the day he enters on practice; and for the major ones, let him so practise them *on the dead subject*, and so use his eyes and his head, when he sees them done on the living one by his teachers, that when the day of responsible surgical emergency comes upon him, he may feel that he is honestly prepared to meet it. The hospital, or school, or university in which all this cannot be provided must be a poor one indeed; and the "authority" which is satisfied with less falls short of the calls of duty. With the wish so earnestly and eloquently expressed by Dr. Gairdner, that a "few things should be learned thoroughly and well," I am entirely in accord; but can Dr. Gairdner be in earnest in believing that half-a-dozen cases of pneumonia, or of Bright's or any other disease, studied ever so deeply, will stand in the stead of the practical ability to relieve a distended bladder or to reduce a dislocated joint? Can he mean that because a man has with ever so great earnestness, studied "a few cases" to the utmost bounds concerning them, that it is therefore not necessary that he should know measles from scarlet fever, nor be able to recognise small-pox, typhus, or typhoid fevers when he sees them? I cannot credit so great a man with a fallacy so awful, even though his own hand wrote it. And where, except in the homes of the people, is the student to become conversant with these things? not in the general hospitals attached to our schools and universities, for from these they are rigidly and righteously excluded, but *only* in the homes of the people, and to these he has no access except through the general practitioner, or some one of the many public charities, other than the hospitals, with which our happy land is so freely studded. For this state of things I propose a remedy, and the *remedy itself* is one which, I venture to think, meets with very widespread approval, the difficulty being, not the remedy, but the time at which it may most advantageously be taken. On this subject again my words are these:—

"*The most Advantageous Time for Pupilage.*—I hold that the time to acquire simple information is when the mind is eager, inquiring, impressionable, and plastic. In our large county hospitals, workhouse infirmaries, and public dispensaries, which, up to the present time, have been but very slightly utilised, we have a splendid field in which a vast fund of information of this kind which now runs to waste might be gleaned, and of these I would make much greater use than has hitherto been the practice. In pupilage, in one or other of these, in my humble judgment, *a year, or even two*, at the commencement of professional study would prove the very best beginning; and in following the practice to be there seen under the direct guidance and supervision of those who administer them, a youth would see work which in after life would be of incalculable value to him, and would obtain opportunities for a groundwork which, under the present method of education, are wholly thrown away."

I think Dr. Clifford Allbutt can hardly have read my address, for I do not think he would wilfully misrepresent me on so very grave a subject; and yet in his address to the students at St. George's Hospital these are the words he uses:—

"Mr. Wheelhouse proposes to make this state of things ten times worse than before. By submitting youths to a five-years' apprenticeship to working doctors at a time when their minds are expanding and impressionable, at a time when an ardent love for higher study and a yearning for ideas spring up in the heart, he would send them not where they can feel the influence of great men present and past, not where learning is seen in all her variety and in all her provinces, not where they may associate with men of their own age whose minds are occupied with other forms of culture and in training for other callings, but a student is to be confined to one mind, however able, to one profession, however honourable, to one set of ideas, however fruitful. And, as a matter of fact, we know that the ruling mind will often be something less than great, the set of notions too often vulgar, and the teaching at best a teaching and not a cultivation. Gentlemen, this is but to perpetuate the common-mindedness which I suggest is already our danger—a fault due in part to our defective education, in part to our lack of leisure. I say we are already too narrow and channelled in our thoughts, and too shoppy; and we are to improve our education by intensifying this very habit of mind. We are to make our education more comprehensive by shutting up our students with individuals; we are to strengthen their reasoning powers by therapeutical drill; we are to substitute the ideas of the middle-class parlour for the traditians of a university! But one may get roast pig without burning down one's house, and I contend—with an exception to be hereafter discussed—that a man whose mind has been enlarged and strengthened by a university course will, after a briefer drill, make a more skilful practitioner than one whose technical craft is gained by routine and is not vitalised by a comprehension of principles. It is no truism, gentlemen, to repeat in this place that knowledge is one and indivisible, and that he who is content to pick up isolated chapters of learning has no living knowledge at all."

Now, all this as mere declamation is of course superb, and if it were a correct version of the matter in question I would not utter a word; I would sit silent, abashed, and crushed. But as it is exactly the reverse of anything I have ever said, or thought, or written, I cannot permit it to pass without observation and correction. *I would rather go on as we are, greatly as I consider that our plan might be improved, than that we should go back to the system of a five-years' apprenticeship to one man or to one institution.* I hold, and I have ever taught, that to go back to that system would be to waste, hopelessly and absolutely, three years of the very best part of every educational life. My words are clear and explicit, and are not open to the construction put upon them by Dr. Allbutt. "That *one*, or even two years devoted at the commencement of professional study to the acquirement of a knowledge of the ground work, and of the observable phenomena of our science, under the supervision of competent teachers, in some of the insti-

tutions whose infinitely valuable opportunities are, under the present order of things, entirely wasted would be of incalculable value." And with this opinion Dr. Allbutt, after all, does not appear to disagree, for, a little further on in his address, we find him actually advocating such a measure.

"Nevertheless, I agree with Mr. Wheelhouse that an apprenticeship to the domestic side of your work, a familiarity with its lesser marks and byeways, is necessary. These we cannot teach here. After your faculties are trained and strengthened in their main branches, your lesser shoots shall be duly laid in. But with capacities thus enlarged, one year's apprenticeship would do the work of five in earlier age; and an obligation upon young men thus to apprentice themselves before the completion of their studies would have my approbation and active support."

Wherein, then, lies the great difference between us? Simply as to the time (the old, old question) at which pupilage may be most advantageously taken. I think that rudimentary knowledge should be sought in the earlier years of studentship. Dr. Allbutt, in common with many others, would place it later on; and when a man's mind *has* been expanded by converse with his fellows and by the scientific observation of the phenomena of disease, and is truly and rightly aflame after higher knowledge, higher reasoning, and higher aspirations, he would put him back to the bare study of the Pharmacopœia, and to the acquirement of those rudiments of medical education which can only then be a weariness to his soul and a degradation to his energies. The difference between us, infinitely great as it is, is not one of "principle" after all, but only a question as to the choice of time, and is hardly such as to call for the old story of the Chinaman, who was so devoted to roast pig that he was ready at any time to burn his house down that he might revel in his favourite dish.

I am, Sirs, your obedient servant,

Leeds, October, 1889. C. G. WHEELHOUSE.

WHY DOES THE UTERUS CONTRACT DURING PREGNANCY?

To the Editors of THE LANCET.

SIRS,—Under the above heading, in your last issue, Mr. Wade of Chudleigh, in a letter throwing out a suggestion as to the cause of these contractions—namely, the presence of blood overcharged with carbonic acid, says: "We have the authority of Playfair for the statement that the intermittent contractions of the uterus occur every five or ten minutes, sometimes oftener, rarely at longer intervals, throughout the whole of gestation." I hope it may not be considered a piece of unpardonable egotism if I take this opportunity of pointing out that the subject was first introduced by me in a paper read so long ago as Oct. 4th, 1871, before the Obstetric Society of London, and subsequently added to in papers on the same subject at three International Medical Congresses, and published in their proceedings. The first paper will be found in the Obstetrical Transactions, London, vol. xii. In it, page 219, I remarked: "It may be that the semi-stagnant state of the blood (that is, of course, charged with carbonic acid) in the uterine sinus &c. may provoke contractions, but certainly there is some other excitor than either fœtal movements or the irritation of the various nerves in sympathetic connexion with the uterus." Of course this suggestion is the same in essence as Mr. Wade's; but we both derive our inspiration with the idea thrown out, I think, by Brown-Séquard—namely, that the presence of carbonic acid in excess in the uterine sinuses causes the uterus to contract. I cannot find that he gives "much evidence in proof, but it is a fair working theory; and I also think it may be assumed as one of the factors in the genesis of labour." But there are other agents concerned in the movements of the blood in the walls of the uterus and placenta; and to these I have called attention in a note published in the Proceedings of the Royal Society, 1879: "Note on the Auxiliary Forces concerned in the Circulation of the Pregnant Uterus and its Contents in Woman." These transcendental points seldom get into text-books where Mr. Wade has been looking, or if they do, it is many years after their introduction; and even some text-books of modern date have altogether omitted noticing these contractions and the great help they give in the diagnosis of pregnancy. Mr. Wade, however, remarks: "We are all familiar with the facts that the chorionic villidip freely into the sinuses of the uterine wall, and that in this situation an exchange takes place between the fluids on the fœtal and maternal sides of the villous membrane which alone separates them." I am quite willing to concede an exchange, but not through one membrane alone; and I cannot include myself in the "all," as may be seen in my "Anatomy of the Human Placenta" (Obstet. Trans. Lond.). However this may be, if Brown-Séquard's theory be correct, the retention of semi-stagnant blood, highly and increasingly charged with carbonic acid and effete fœtal matter, is probably the immediate stimulus required to produce the uterine contractions I have pointed out, and which acts as a supplementary heart. The contractions act, it should be observed, independently of any external irritation. Up to the present time I have had no co-worker in this subject; when other observers take it up, probably newer points will be brought to light.

I am, Sirs, yours obediently,

J. BRAXTON HICKS.

George-street, Hanover-square, Oct. 3rd, 1889.

REMARKABLE SURVIVAL AFTER MULTIPLE PISTOL-SHOT WOUNDS.

To the Editors of THE LANCET.

SIRS,—The following case may interest those of your readers who perused the articles in THE LANCET of Sept. 14th, 21st, and 28th, under the heading, "Five Cases Illustrative of Cerebral Surgery."

On the evening of Oct. 13th, 1881, W. L——, aged twenty-one, a rural postman, was seized by a would-be assassin, who fired several shots at him from a revolver, and having expended his own ammunition, called to a companion to "have at him now"; this man then continued the attack, and fired into their victim. *One of the bullets entered the brain, where it still remains, and causes little if any inconvenience*, although for nearly two years he could not bend his head or lean forward without giving rise to great pain and unpleasant symptoms. On making my examination I found a bullet wound on the left side of the head, about half an inch posterior to his ear, and immediately beneath the parietal eminence. Through this wound the brain substance exuded, and a small probe passed directly inwards for a distance of about two inches by merely letting it drop into the wound. On examining with tip of little finger, no spicula could be found. Another bullet entered the left temple just above the zygomatic arch, about an inch and a quarter from the edge of the orbit; it took an inward and downward direction; its course, however, could not be traced. Another hit the angle of the jaw, took an upward direction, and was held between two molar teeth. One entered the left side of the chest on a line with the nipple, an inch and a half posterior to it, passed through the chest, and was extracted from the right axilla. One glanced off the great trochanter, and became lodged in the lumbar muscles. Two passed through the forearm about the middle. One entered the forearm about two inches from the wrist, took an upward course, and was extracted near the elbow-joint. One passed through the hand between the thumb and index finger. The skin on the left forearm and wrist was destroyed, the clothing having been set on fire by the powder. On the right hand the metacarpo-phalangeal joint was destroyed by the charge from a pistol loaded with shot, several grains of which and some of the paper used for "wad" were extracted from the palm of hand. The man was almost pulseless, and, the case seeming hopeless, it was decided by Dr. Allen and myself not to interfere except symptoms demanded it further than to cleanse and dress the wounds, carbolic lotion being used. He was given brandy and new milk or beef-tea every half hour. Coughing was severe for some days, and there was considerable hæmorrhage from the lungs. He had also a sharp attack of double pneumonia. He was kept perfectly quiet and cool, morphia being given in minute doses hypodermically to relieve the cough, which caused terrible pain in his head. On the fifth day after being wounded he had considerable delirium, and could hardly be restrained, as he was "afraid of being taken to an asylum" at one time, while at another he thought his assailants were again attacking him.

This case, besides being interesting, I consider very important from the fact that, although being so fearfully wounded, the man did not lose consciousness till some time after he was brought to the police barracks, where he described one of his assailants and fully identified him. He was also able to describe a man who passed him soon after the attack; he also dragged himself to a house a few

yards from the outrage, begged to be admitted, and when refused, and feeling faint, hid the mail bags, and after "coming to" crawled to another house, prayed for admission, and to send for a priest. Being again refused, he "dropped down to die." He has no idea how long he lay there, but hearing a car pass he made an effort, and got to the road, where he was found in a fainting state by the police sent to look for him. The bullets removed were ·450, or about the same size as those used for the British bull-dog revolver. I am, Sirs, yours faithfully,

County Infirmary, Longford, Oct. 3rd, 1889. N. MAYNE.

EXFOLIATION OF ALVEOLAR PROCESSES.

To the Editors of THE LANCET.

SIRS,—I see Mr. R. Clement Lucas, in giving notes of two cases of necrosis of the alveolar processes following measles, which appeared in your last impression, says that he does not know of any case of typhoid fever resulting in exfoliation of the alveolar processes of the jaws. As such a case occurred in my practice a year ago, it is perhaps of sufficient interest to place on record.

W. H——, a lad of sixteen, sent for me on Aug. 30th, 1888. I found a well-marked case of typhoid fever, and the patient for a fortnight, or the latter half of September, was in a semi-conscious condition, requiring rousing for a part of that time to take nourishment &c. On Oct. 10th the left half of the lower maxilla was noticed to be swollen, and afterwards there was fetid breath with foul-smelling mouth and gums. On the 17th he had pulled out the two lower left incisors, and the canine molars were found to be loose, whilst the alveolar process was also loose and evidently necrosed. He was sent to the London Hospital, his friends not being able to stand the drain on their resources, and the alveolar process, including the sockets of all the teeth of the left half of the lower maxilla, eventually was taken away, leaving the lad one side of his face fresh and juvenile and the other side very grandmotherly looking indeed.

I am, Sirs, yours truly,

MILLICE CULPIN, L.R.C.P., L.R.C.S.Edin.

Stamford-hill, Oct. 5th, 1889.

NAPHTHALIN.

To the Editors of THE LANCET.

SIRS,—May I ask for space to add my testimony to the value of naphthalin in the class of case Dr. Angel Money refers to in his letter published in your last issue? In conjunction with the diet advocated by him, I have found nothing so serviceable as the drug in question. It is equally serviceable in the epidemic infantile diarrhœa for which Nottingham occupies an unenviable position, together with Leicester and Oldham.

I am, Sirs, your obedient servant,

Nottingham, Oct. 7th, 1889. LEWIS W. MARSHALL.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

The Session 1889-90.

ON all sides the work of the coming session has begun. The Owens College had its opening day on the 1st inst., when Professor Schuster delivered the inaugural address, taking for his subject, "University Teaching in its relation to the Industrial Application of Science." This makes the fortieth session of the College, and the few who can look back and remember the first of these must be struck by the rapid and wonderful strides the College has made in arriving at its present position. On the same day the half-yearly meeting of the court of governors was held, an interesting feature of which was the presentation to the College by a number of subscribers of a portrait of Mr. Alfred Neild, who for a considerable length of time has been its treasurer. The financial report for the past year was satisfactory, the expenditure having kept within the income. On the evening of the same day the medical department of the College had its own special opening in the shape of a soirée, at which nearly a thousand visitors were present. The guests were received by the dean of the medical school (Dr. Young), and several members of the court of governors &c. Subsequently the dean presented the report for the past year, which shows a highly satisfactory condition of the school from every point of view. Various exhibits, demonstrations, drawings &c. were provided for the amusement and instruction of the visitors, and Professor Dreschfeld gave a very interesting *résumé* of our present knowledge concerning leprosy. On Wednesday, the following evening, the first meeting of the Medical Society was held, and, following a practice which appears to be becoming common, of inviting gentlemen from a distance to give papers at the opening meeting of our societies, Dr. Hughlings Jackson was asked to visit Manchester, and delivered an address upon "Respiratory, Toxic, and Traumatic Convulsions." On Friday evening next the annual medical dinner will take place at the Queen's Hotel, under the presidency of Dr. Little, and after then we may hope to settle down steadily to work all round.

The Proposed New Hospital.

It is with great regret that I have to record the fact that the munificent offer of the Whitworth trustees to Owens College of a sum of some £70,000 has been lost. The trustees undertook to provide money to erect a hospital with sixty beds, and endow it with £2000 per annum, to become the property of the College, but they wished it to be more or less connected with the Royal Infirmary, the latter body to take an active share in its management. After nearly twelve months of negotiations between the two bodies the Infirmary Board at its last meeting declared themselves unable to accept the conditions proposed, and the trustees have now withdrawn their offer. It is an open secret that the relations between the College and the Infirmary have for some time been considerably strained. The College authorities, as representing the medical school, desire to have some control over or voice in the arrangements for the clinical instruction provided for their students, but this the Infirmary has not been willing to accede to; other matters also have caused no inconsiderable friction between the two bodies, but it is to be hoped that in the interests of the Infirmary, the College, and the public at large, some *modus vivendi* may ere long be arrived at, and that this handsome proffered gift may not be irretrievably lost.

Salford and its Fever Hospital.

Owing to the great prevalence at the present time of scarlet fever and diphtheria in the neighbouring borough, great difficulty has arisen in providing hospital accommodation for all the cases which it is desirable to isolate; and it was stated last week that the wards of the Wilton Hospital are crowded far beyond their proper accommodation. If this be so, it is no light matter; for of all patients those suffering from infectious disease are the last that should be stinted in the proper cubic space and air-supply within their wards. In Manchester itself the cases of scarlet fever are also so numerous that the Infirmary Fever Hospital cannot take the surplus Salford patients; and hence the health authorities of the latter are seeking the help of the guardians to provide them with hospital accommodation at Hope. In the meantime the proposed new fever hospital for the Salford Corporation is still in the clouds.

Prevalence of Scarlet Fever.

During the present epidemic of scarlet fever, and now that the notification of infectious disease can, by means of the recent new Act, be easily put in operation, it is to be hoped that all the surrounding smaller districts will at once put it in force, and the whole of the population comprised in "Greater Manchester" thus be placed under the same conditions, so far as obtaining knowledge of the existence of these diseases is concerned.

Unhealthy Dwellings.

At last the Corporation has made a distinct move in grappling with this subject. At the last meeting of the City Council a "presentment" was made by the medical officer, condemning what has long been known as one of the most insanitary areas in the Ancoats district. It was this area to which Dr. Thresh a short time ago drew particular attention in a special report that he made thereon to the sanitary association. It is pleasing to note that Dr. Thresh's work has not gone unnoticed, and he has just been appointed officer of health to Chelmsford.

Manchester, Oct. 8th

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle.

FOLLOWING closely upon the opening of the new College of Medicine in Newcastle came the inaugural meeting of the session 1889–90 of the Northumberland and Durham Medical Society. This is the oldest of our medical societies, and was, I believe, originally started by Sir John Fife, Dr. Charlton, Dr. George Robinson, and others as the Newcastle and Gateshead Pathological Society. The opening address by Professor Lawson Tait was most instructive, and was listened to by all with much interest, his subject being "Ectopic Gestation in the Tubo-ovarian Tract." The annual dinner was held afterwards in the Assembly Rooms, Dr. James Murphy of Sunderland being the genial president, and he was supported by the Mayor and Sheriff of Newcastle as well as by many distinguished visitors. I believe that as many as 140 sat down to dinner. Professor Tait, in the course of a characteristic speech, said that the school he was connected with proposed seriously to offer to the College of Medicine of the University of Durham a series of negotiations of which he was for the moment personally the bearer. The proposal was founded upon details which it was far too early to discuss, because they had not yet been formulated, but which he hoped would be entertained by the Durham authorities, by which students of the Colleges of Science and Medicine of Birmingham might obtain degrees from Durham, and still be subservient to that University. He concluded an eloquent speech by saying he never saw anything more perfect in his life than the College of Medicine in Newcastle. He also paid a tribute to Dr. Heath, the president of the college, who had given a thousand guineas to its funds. I may mention that a donation of £200 has since been received for this object per Dr. Drummond. Dr. Heath said that as to the suggestions of Professor Tait, the proposed affiliation would, when brought before the College of Newcastle and the Senate of the Durham University in proper form, "receive their most serious consideration." As regards this meeting, it would be an omission not to say that great credit is due to Professor Oliver, the hon. sec., who spared no pains for the comfort of the very numerous guests who arrived from far and near to this large and very successful entertainment. On all hands I hear notes of satisfaction as to the arrangements.

Durham.

At a special meeting of the Durham Town Council held last week, Mr. Jepson of that city brought the condition of the overcrowded dwellings and the insanitary condition generally of the houses of the working classes before the board, and the result of his statements was the appointment of a special committee to take the matter into consideration. Mr. Jepson said that from what he knew there were no less than 3000 people living in Durham in overcrowded and unhealthy dwellings.—The Misses Pease of Southend have given £500 to the Darlington Hospital, to increase the efficiency of the nursing department.

Sunderland.

Professor Tait gave a demonstration at the Sunderland Infirmary last Saturday afternoon of his operation for ruptured perineum on two patients, and also (on the invitation of Dr. James Murphy) performed a salpingectomy.

Newcastle-on-Tyne, Oct. 8th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

EDINBURGH.

The Social and Sanitary Society.

A CORRESPONDENT writing to one of the Edinburgh papers calls attention to the excellent work that has been done in Edinburgh during the last five years by the Social and Sanitary Society. This Society has certainly done good service in reporting on the insanitary conditions of the houses and courts in the poorer districts of the city. Special attention has been paid to the water supply, and the recommendation of the Public Health Committee that the following regulations shall be enacted, may be looked upon as an almost direct outcome of the work of this Society. These regulations for the inspection of waste-pipes and the cleaning of cisterns are as follow:—1. The occupiers of houses and premises within the burgh shall at all reasonable times give access to the burgh engineer or other authorised sanitary inspector or officer, to examine water-cisterns and pipes and other apparatus connected therewith. 2. In the event of any cistern being found to be foul, the occupier of every such house or premises shall, within six days after receiving notice from the burgh engineer, effectually cleanse such cistern. And in the event of failure, the necessary work may be carried out under authority of the burgh engineer, at the cost of the occupier of such house or premises. 3. Without prejudice to the preceding regulation, all cisterns within the burgh, wholly or partially used for culinary or domestic purposes, shall be cleansed at intervals not exceeding six months. 4. In cases where cisterns exist for common use, and are so placed and used as that individual implement of the obligation to clean by the occupiers of such houses or premises and users of such cisterns is impracticable, such cisterns shall be cleansed by the burgh engineer, under direction of the magistrates and Council, at the rateable cost of the occupiers of the houses or premises using or deriving benefit from such cistern, as the same shall be apportioned and certified by the burgh engineer.

The Edinburgh Veterinary Colleges.

Last week work commenced in both the Edinburgh Veterinary Medical Schools. Very considerable interest attaches to the utterances of those connected with these Colleges, especially at the present time, when tuberculosis and pleuro-pneumonia occupy such prominent positions in the public mind and prints. Perhaps most attention was attracted to the address on "Protective Inoculation against Infectious Diseases with special reference to Rabies," which was given by Dr. Hime of Bradford at the Royal (Dick's) Veterinary College; but the addresses given at both institutions were full of interest, and promise well for the future of veterinary, medical, and surgical science and practice in Scotland.

New Assistant Surgeon for the Edinburgh Royal Infirmary.

For the new post of assistant surgeon several names have been suggested, but only three, so far as can be learnt, are actively working for the appointment—Dr. J. Shaw Maclaren, Dr. Scott Lang, and Dr. D. Wallace. In connexion with appointments, it is stated that Dr. Noël Paton has decided not to offer himself as a candidate for the new chair of Physiology in Dundee.

Edinburgh, Oct. 9th.

GLASGOW.

Faculty of Physicians and Surgeons.

AT the October meeting of the Faculty, held last Monday, the usual annual elections took place. Dr. James Morton retired from the presidentship. He had held office for three years, and had well maintained the dignity and honour of the Faculty. His letter (for he himself was unable to be present), in which he announced his demission of office, contained some sound and valuable hints as to the affairs of the Faculty, and was ordered to be engrossed in the minutes; it also contained a touching reference to his own serious illness, in which he has the warmest sympathy of every member of the profession in Glasgow and of very many beyond it. Dr. Robert Perry was elected president, and Dr. David Yellowlees was elected visitor. The contest for the office of Examiner in Midwifery resulted in the reappointment of Dr. Samuel Sloan. A good deal of irritation was displayed at the meeting regarding the high-handed conduct of the Royal Infirmary managers and St. Mungo's College governors in appointing on the boards representatives of the Faculty without nomination or election by the Faculty. The vacancies had occurred through the resignation of the Faculty's representatives during their term of office; doubtless both institutions acted within the letter of the law in themselves appointing to the vacancies, but it would have been much more courteous and decent had they obtained the mind of the Faculty before making any selection. The incident is the more awkward that one of the appointments is for three years. Another singular fact is this: that up till the present moment the Faculty has had no formal com-

munication from St. Mungo's governors to indicate what are its principles or rights in appointing representatives on the College Board of Governors. The Faculty knows nothing of its position as regards St. Mungo's except what it may have learnt through the public prints. The Council of the Faculty has, in fact, been instructed to examine into the Faculty's relation to St. Mungo's, and to report whether, in its opinion, it is desirable that it should be represented at all on the Board.

The Royal Infirmary.

At a meeting of Managers of the Glasgow Royal Infirmary held on Friday, the 4th inst., J. Lindsay Steven, M.D., assistant physician to the Royal Infirmary, was appointed pathologist and curator of the museum in the Infirmary. This appointment, under present arrangements, carries with t the lectureship on Pathology in this College.

Glasgow, Oct. 9th.

ABERDEEN.

The Aberdeen University Court.

AT the meeting of the University Court held on the 4th inst., the following gentlemen were appointed examiners for degrees: Anatomy, Mr. William Milligan, M.B., C.M.; Botany and Materia Medica, Dr. F. B. White, Perth; Chemistry and Medical Jurisprudence, Dr. Joshua L. Kerr, Manchester; Natural History and Institutes of Medicine, Dr. Thomas W. Shore, London; Practice of Medicine and Pathology, Dr. P. Blaikie Smith, Aberdeen; Surgery and Midwifery, Dr. A. D. Keith, Aboyne. At the same meeting Mr. H. F. Jones was appointed assistant to the Professor of Chemistry, and Dr. Alex. Macgregor assistant to the Professor of Medical Jurisprudence. The court had also submitted to it remarks by the senatus on the observations made by the University Courts of Glasgow and Edinburgh respectively on the report by the University Court of Aberdeen to the Privy Council in favour of certain alterations of the medical ordinances. The Court resolved to submit a statement to the Privy Council in accordance with the observations.

Health of the City.

During the past week the following cases of zymotic disease were reported:—Measles, 7; scarlet fever, 7; diphtheria, 2; typhoid fever, 4.

Aberdeen, Oct. 8th.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

Sanitary Condition of Dublin during 1888.

LAST week attention was directed to Sir Charles Cameron's report for last year on the health of Dublin, and some further observations on the same subject may prove of interest. Of the 8894 deaths registered during last year, 2843, or 32 per cent., were of children under five years of age, and 2250, or 25 per cent., were aged sixty years and upwards. The deaths of infants under one year old were equal to 167 per 1000 births registered, which, high as it was, shows an improvement as contrasted with 1887, when the mortality rate was 200 deaths per 1000 registered births. Sir Charles Cameron is of opinion that the close inspection of the tenement houses which has been carried on for the past few years has resulted in a very substantial improvement of their condition, and must have been an important factor in the more satisfactory state of public health in Dublin recently shown. He considers Dublin is a city peculiarly well adapted for the water carriage of sewage; and although the contamination of the river Liffey by the sewage discharged into it is an evil which steadily grows greater as the water-closet system becomes more extended, he believes that a method of rendering the Dublin sewage innocuous could be adopted at a moderate cost provided that a "clarification" or "precipitation" scheme were carried out.

Royal Academy of Medicine in Ireland.

The seventh annual general meeting of the Academy takes place this year at the College of Physicians on Friday, Oct. 25th, when the annual report and statement of accounts will be submitted, and an election of office-bearers will take place.

Kingstown Main Drainage.

The main drainage of this the premier township is still under consideration, and, although some preliminary work has been done, it is the opinion of those who are best informed that eventually the matter will never be carried out. Whatever sewerage scheme is adopted, it is to be hoped that it will in no way injure the Sandycove bathing place, the best of the kind on the Dublin sea coast. It is thought by many that the intercepting sewer should be carried to Bullock, where the Kingstown township terminates. At present an open sewer discharges in front of Bullock Harbour, which in time will silt up the entrance to the harbour, and it is believed that the nearest and best outfall for the sewage at this point is the place known as Brandy Hole.

The Meath Hospital, Dublin.

The introductory address was delivered on Monday morning by the senior surgeon, Sir George Porter, Bart. Sir George concluded an admirable and eloquent address as follows:—"Men of my age contemplate with no little interest young and ardent spirits entering a profession such as ours. Visions of former days rise before us. The future is to you resplendent with a light and promise which pales and fades to us; but accept the lesson which experience has taught us: it is this, that a happy and prosperous professional life does not wholly, or even largely, depend on mere medical or other knowledge, but rather on probity, honour, a good conscience, temperance, and a heart pulsating with brotherly kindness and charity. You will soon be scattered to different parts of the earth. My earnest hope is that you may prosper, and, as your love and reverence cannot fail to turn to this old hospital as surely as the needle seeks the pole, may we hope that in these recollections a place may be found for us who have had the privilege of taking part in your professional education."

Amalgamation of the Dublin Medical Schools.

I understand that His Excellency Earl Zetland signed the necessary documents on Saturday last sanctioning the scheme of amalgamation of the College of Surgeons School with those of the Carmichael and Ledwich institutions. Advertisements have been inserted for the appointment of the following professors:—One professor of anatomy, one professor of midwifery, one of medical jurisprudence, one of medicine, one of chemistry, one of materia medica, one of zoology and botany, one of pharmacy, and one of ophthalmology. The election will take place on Wednesday, the 23rd inst.

Dr. Atkinson and Mr. Warnock, F.R.C.S.I., have been admitted members of the Royal Historical and Archæological Society of Ireland.

Dr. James Macan, J.P., died at his residence, Sharvagh, Bushmills, on the 5th inst.

Dublin, Oct. 8th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

The Vision Area in the Encephalon.

IN a note on the seat in the encephalon of the chromatic sense, of the luminous sense, and of the sense of forms, Dr. Veney, after several observations, arrives at the following conclusions: that the chromatic sense resides in the lowest portion of the occipital lobe, probably in the posterior part of the lingual and fusiform gyri; the luminous sense would be found higher, near the upper part of the occipital lobe, and the centre of perception of forms between the two preceding regions. The author had an opportunity of verifying his conclusions in the following case that came under his observation. A woman aged sixty years was seized with cerebral congestion, without loss of consciousness, and accompanied with vomiting. There was a distinct hemiachromatopsia, with partial preservation of the light perception and form. There were no aphasic troubles, no word blindness, no paresis or paralysis of the extremities. The ophthalmoscope revealed no lesion whatever of the optic nerve. This state remained stationary for twenty months. In March, 1888, the patient succumbed in few days to an attack of apoplexy, which produced a hemiplegia of the left side. At the autopsy an enormous hæmorrhagic focus, of recent formation, was found in the

right cerebral hemisphere; the lesion had destroyed the whole of the centrum ovale, the central ganglia, and had penetrated into the right lateral ventricle. There existed a very old lesion, a hæmorrhagic cyst, at the inferior portion of the left occipital lobe.

Resistance of Trichinæ to Cold.

At the meeting of the Academy of Sciences last week, M. Paul Gibier gave an account of his recent researches regarding the resistance to the action of cold on trichinæ contained in meats. The substances on which his researches were carried out were hams salted with a mixture of marine salt and saltpetre. The trichinæ which were found in them did not resist the action of a temperature of a few degrees under freezing point, maintained for nearly an hour. The case is different, however, when the meat is not salted, as then a low temperature of 25 degrees centigrade below zero, continued even for two hours, is insufficient to render fresh meats containing trichinæ sweet.

Sense of Taste in Criminals.

The following note reproduced in the *Journal de la Santé* may be found interesting. Dr. S. Ottolenghi, a pupil of Professor Lombroso, has studied the sense of taste in criminals compared with that of other individuals. He says that in criminals the sense of taste is manifestly weak relatively to that of ordinary individuals; there is, again, a difference less marked between occasional delinquents and those who are habitual or born delinquents. Female criminals have the sense of taste still more obtuse than men of the same category. The author concludes from these remarks that this diminution in the sense of taste in criminals depends on a defect in the cerebral cortex.

The Administration of Chloroform.

M. Dastre lately made a communication to the Société de Biologie relative to the dangers of anæsthesia by the use of chloroform, and recalled that he had always prevented these dangers in dogs by preceding the administration of the chloroform with a subcutaneous injection of atropine associated with morphia. He remarked that death which occurs during anæsthesia is often due to an irritation of the pneumogastric ganglia, which produces arrest of the heart and death by syncope. The atropomorphinic injection has the effect of preventing the production of this excitation.

Fire at the School of Medicine.

Yesterday, about twelve o'clock, a fire took place in the Amphitheatre of the School of Medicine during the meeting of the International Congress of Surgery. Considerable damage was done, as furniture and paintings of great value were burnt. The fire was traced to the over-heating of a pipe leading from a large stove placed in the cellars for warming the whole building. Fortunately the meeting had just been brought to a close, and the members were able to effect their escape. After nearly two hours the firemen succeeded in putting out the fire, just in time to save the library and the museum of anatomy. A similar accident occurred in the same place about two years ago.

Statue to M. Dumas.

The inauguration of the statue of J. B. Dumas, the celebrated chemist, will take place on Oct. 21st, at Alais, his native town, under the presidency of M. Pasteur, and in the presence of members of the Institute and several members of the Government.

An Incident at the Academy of Medicine.

At the meeting of the Academy on the 1st inst., M. Laborde refuted the statements made by MM. Cadeac and A. Meunier that the ill effects of absinthe drinking should be attributed not to absinthe but to anise, fennel, and other essences with which it is mixed. He demonstrated this by administering to guinea-pigs subcutaneous injections of the essence of anise and that of absinthe. The demonstration was interrupted by a lady visitor of anti-vivisection sympathies, who was removed from the gallery by order of the President.

Paris, Oct. 9th.

NAVAL MEDICAL SUPPLEMENTAL FUND.—At the quarterly meeting of the directors of the Fund held on the 8th inst., T. J. Haran, Esq., Inspector-General in the chair, the sum of £68 was distributed among the several applicants.

Obituary.

SIR W. TINDAL ROBERTSON, M.D. EDIN., F.R.C.P. LOND., M.P.

SIR TINDAL ROBERTSON, whose sad death took place on Sunday last, was the eldest son of the late Frederick Fowler Robertson of Bath and Anne Tindal his wife. Educated at King Edward VI.'s Grammar School, Grantham, he entered the medical profession as house-pupil to Mr. H. P. Robarts, F.R.C.P., of Great Coram-street, London; studied at University College Hospital, and matriculated, in the first class, at the University of London in July, 1846. He became L.S.A. in 1848, M.R.C.S. in 1850, was Junior Resident Medical Officer at the Middlesex Hospital in 1848–50, and Resident Surgeon at the Royal Free Hospital from 1850–51. He subsequently studied at Paris and Edinburgh, taking his M.D. degree at the latter University in 1853. In 1854 he commenced practice in Nottingham, where he held appointments on the medical staff of all the leading charities, being for nearly twenty years physician to the Nottingham General Hospital. In 1874 he was elected a Fellow of the Royal College of Physicians. In 1857, when the British Medical Association held its meeting at Nottingham, Dr. Tindal Robertson was selected to deliver the Address in Medicine, and he took as his subject, "The Rise and Progress of Sanitary Science." Again, at the meeting of the same Association in 1865 he introduced the question, "Why are sanitary measures not always followed by a reduction in mortality?" He initiated at Nottingham, with the help of many of his medical friends, a system of voluntary notification of diseases. Through his initiation, also, the Oxford local examination system was established in Nottingham, and, in conjunction with Mr. Mundella, M.P., he promoted the formation of the corps of Robin Hood Rifles, as medical officer of which he was presented to the Queen. He was instrumental in establishing the Nottingham Literary and Philosophical Society, was one of the local secretaries for the visit to Nottingham of the British Association for the Advancement of Science, and subsequently published the "Record of the Transactions" on that occasion. He was also a member of the Nottingham Town Council; he contributed to Mr. Churchill's "Photographs of Eminent Medical Men" the brief analytical notices of their works, besides many articles in reviews &c. In 1873 his eyesight began to fail, and he retired from practice, and went to reside at Brighton. In 1880 he became chairman of the Brighton Conservative Association, and from that time he took a foremost part in politics. In 1886 he was returned unopposed to Parliament for Brighton in the place of Mr. D. Smith, deceased. Sir Tindal Robertson was a member of the recent Royal Commission on the Blind, Deaf, and Dumb, &c., of which he acted as vice-chairman. At the time of his death he was a member of the Brighton Town Council, trustee of the Gardner Fund for the Blind, one of the vice-chairmen of the Home Counties Conservative Union, a member of the Grand Council of the Primrose League, and of the Council of the National Union of Conservative Associations, a J.P. for Brighton and Sussex, and, as stated above, M.P. for Brighton. He received the honour of knighthood in 1888. He married in 1855 Elizabeth Anne, daughter of Mr. John Leavers, of the Park, Nottingham, by whom he had issue, four sons, who survive him.

We are indebted to Dr. Elborough Scatliff for the following details concerning Sir Tindal Robertson's last illness:—

In May last Sir Tindal Robertson sprained his ankle as he was leaving the House of Commons, and in consequence of this accident he was a good deal confined to his room, and gave up his usual out-door exercise. He had for some time been troubled with weak digestion, and with loss of exercise his dyspeptic symptoms became greatly aggravated. He soon refused solid food and took fluid nourishment mixed with artificial digestives. Then he rapidly became hypochondriacal and despondent, so that he began to fear (in consequence of his continued abdominal discomfort) that he had some structural mischief, malignant or otherwise, producing a partial stricture of the bowel, first at one spot and then at another. On the most careful

examination no abdominal tumour could be detected, nor was there ever any evidence of obstruction. Still his mind clung tenaciously to this impression, notwithstanding that Dr. Brown-Séquard (who was at that time staying in Brighton) very kindly saw him with me on more than one occasion, and fully concurred in the opinion that I had given. Sir Tindal Robertson had been blind for some years from glaucoma, and had undergone several operations at the hands of Dr. Bell Taylor, Sir W. Bowman, and Mr. Bader. Besides this there was evidence—such as very feeble patellar tendon reflex, slight dragging of the left leg, &c.—that the spinal cord was not in a normal state. Notwithstanding all that was done for his relief, his dyspeptic trouble and depression of spirits still continued, and only last Monday week Dr. Russell Reynolds kindly came down from town on purpose to see him in consultation with me. He also carefully examined the abdomen and corroborated the opinion given. On Saturday last Sir Tindal Robertson went to bed at the usual time apparently in slightly better spirits than of late (perhaps due to a conversation we had had together in the morning). The rest of the tragic story is already well known, so it need not be repeated. At the necropsy about forty-eight hours after death (the abdominal organs only being examined) nothing abnormal was found in the intestine or abdominal cavity, but the walls of the bowel were very thin and the ascending colon slightly dilated.

Dr. Russell Reynolds writes to us as follows:—

On my return from abroad I found a letter from Dr. Scatliff, asking me, at Sir Tindal Robertson's request, for advice upon his case. On the next day (Sept. 22nd) I wrote in reply. The troubles laid before me were mainly those of the abdominal region, with regard to which Sir Tindal had become most anxious, being under the impression that he was suffering from organic disease of the intestine. It had also been observed by his friends and by Dr. Scatliff that his walk had become somewhat feeble, and that he drooped a little on one side. I made in my answer some suggestions as to medicines and board, and I heard, after five days, that he was slightly better, but still very anxious and depressed about himself. He suggested coming to London mainly with the idea of being under my care; but by letter, written on the 27th to Dr. Scatliff, I strongly recommended him to remain in the better atmosphere of Brighton, where he was surrounded by the comforts of his home, and said that, as he was an old college friend, I would again gladly come down and see him before any change was made. On Monday, Sept. 30th, I saw him in consultation with Dr. Scatliff, and we made a most careful examination of him. His abdominal troubles had diminished, but he was still very anxious about them and himself, and complained of the recurrence of distressing sensations over the whole abdomen, with frequent and great distension. At the time of my seeing him the abdomen was so flaccid that a very thorough examination was possible, as a result of which no evidence whatever could be found of any organic disease. This decision was confirmed by the post-mortem examination. He had been taking a carefully arranged diet, and was very solicitous with regard to the kind and the amount of food that would be best for him. He was aware that the patellar reflexes were almost abolished, but I do not think that he knew his walk to be slightly halting on the left side. He was anxious about the condition of his spine; but not so much so as with regard to the abdominal trouble. All the elements of his case, including those which might possibly lead to its sad termination, were fully and carefully considered by Dr. Scatliff and myself, and the result of our consultation was as fully and carefully communicated to his family. Weighing the probabilities of the future, it was to my mind a hopeful sign that Sir Tindal's anxiety appeared mainly about his physical health; that he was most anxious to do everything in his power to get better; that he spoke, after hearing my judgment on his abdominal condition, quite hopefully about himself, and that he never to me made the smallest allusion as to anxiety with regard to himself on other grounds. On the evening of the day that I saw him he dictated a letter to me asking me three questions, each of which had reference to his food or medicines. I entertained and expressed a fair hope and belief that my old friend would again, as he had done before, surmount his terrible depression and distress; but, unhappily, one of those sudden "impulses" occurred which, through physical weakness, he was unable to resist.

PROTHEROE SMITH, M.D. ABER., M.R.C.P. LOND., M.R.C.S. ENG.

DR. PROTHEROE SMITH was born at Bideford, North Devon, in 1809. His father, Dr. William Smith, was a medical practitioner in the same town. At the age of seventeen Protheroe Smith was apprenticed to his father. Having made that experience, he migrated to St. Bartholomew's Hospital, and during his student days resided with Kiernan, the anatomist. In 1833 Mr. Protheroe Smith took the M.R.C.S. Eng., and in 1846 the M.R.C.P. of London, having previously (1844) graduated M.D. of King's College, Aberdeen. He became co-lecturer with Dr. Rigby, at St. Bartholomew's Hospital, upon the subjects of Midwifery and Diseases of Women. In his early days Dr. Protheroe Smith wrote many reviews for our columns. He founded in 1842 the Hospital for Women in Red Lion-square. That institution was later on removed to Soho-square, where it still is, and was the first hospital founded for the benefit of women alone. Dr. Protheroe Smith practised first in John-street, Bedford-row; but in 1847 he removed to Park-street, Park-lane, where he lived till nearly the time of his death.

It is claimed for Dr. Smith that he was the first in England to give anæsthetics in midwifery. Until Simpson sent him chloroform from Edinburgh he used ether in cases of labour. In 1842 he performed his first ovariotomy, so that he was one of the earliest of our operators in that connexion. He performed the operation without the help of an anæsthetic, and the patient is probably alive now, and was certainly living a year or two ago. Dr. Protheroe Smith did not contribute much to the literature of his profession. He turned his attention chiefly to the inventing of instruments connected with his own branch of practice, and to the devising of improvements in them. The list is quite a long one: a chloroform inhaler exhibited at the Royal Medical and Chirurgical Society in 1848; an aspirator or exploring needle trocar, shown at the meeting of the British Medical Association at Dublin, 1867; specula of various kinds. These, and many other instruments, have been associated with Dr. Protheroe Smith's name. He and Sir J. Y. Simpson seem, about the same time, to have planned a uterine sound. The former used the sound, in the first instance, as a measurer of the uterus, the latter employed it as a tactile instrument.

As has been already said, Dr. Protheroe Smith wrote but little, his chief contributions to medical literature being a pamphlet on Cholera, and another on Flexures of the Uterus. He was a man of marked religious views, of the Evangelical school, and made those views prominent in every relationship of his life. In 1887 Dr. Protheroe Smith was seized with great pain in the sigmoid flexure of the colon. It was feared that he was the victim of malignant disease in that region of the bowel; but all those symptoms passed away. In August of this year he suddenly became comatose, but without any clearly defined evidences of paralysis. From that time he gradually sank, and died on Sept. 29th last. When the body was examined post mortem, there was not found any conclusive evidence of the cause of death. The arteries were markedly atheromatous, and the liver afforded an exceptionally well-defined example of the cirrhotic condition, although all his life Dr. Protheroe Smith had been a very abstemious man. The intestines, both in the neighbourhood of the sigmoid flexure and elsewhere, were found to have been healthy. The head was not opened after death.

JAMES MACAN, M.D. EDIN., J.P.

WE regret to have to announce the death of Dr. James Macan, which took place at his residence, Bushmills, co. Antrim, on Saturday, Oct. 7th, after a short illness. Between two and three weeks ago he complained of feeling unwell, but struggled against the symptoms until he was compelled to take to his bed, when symptoms of typhoid fever developed, from which he died. After graduating in Edinburgh in 1852, Dr. Macan began practice in his native town, Bushmills, thirty-five years ago, and by his ability, attention, and kindly disposition rapidly acquired a very large country practice, and in recent years all over the

north of Antrim he was called in by his medical *confrères* as a consultant in whom both they and the public had very great confidence. At the time of his death he was dispensary doctor of the Bushmills district, and consulting sanitary officer for the Coleraine Union. He was also medical officer of the constabulary and the coastguard, and a magistrate for the county of Antrim. Dr. Macan's death has caused widespread sorrow throughout the north of Antrim, where he was a very great favourite, as well as in Belfast, where he had many warm and attached friends.

Medical News.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at a meeting of the Examiners on the 7th inst.:—

G. B. Hillman, H. A. Phillips, J. E. Gains, and E. S. Perkins, students of Yorkshire College, Leeds; P. Withers and Joseph Green, of Owens College, Manchester; H. W. S. Williams, of University College, Liverpool; W. M. Smith, of Cambridge University; Gerald Grace and H. B. Wilson, of Bristol School of Medicine; J. G. Warren, of Trinity School of Physics, Dublin; E. McN. Woods, of Queen's College, Belfast; C. M. Macknight, of Melbourne University; and J. H. Day, of Charing-cross Hospital.

Anatomy only.—A. A. Smith, of Yorkshire College, Leeds; E. Wooldridge, of Queen's College, Birmingham; F. Spurr, of Sheffield Medical School; H. F. Cook, of University College, Liverpool; G. A. Peake, of Bristol School of Medicine; M. P. A. Lesur, of St. Bartholomew's Hospital; and G. H. Jones, of Middlesex Hospital.

Physiology only.—J. G. Rowell and J. H. Staniland, of Yorkshire College, Leeds; L. F. Houghton, of Sheffield and St. Mary's Hospital; H. M. Joynson and E. Smallwood, of University College, Liverpool; Lancelot Kilroy and Edmund Johnstone, of Owens College, Manchester; P. H. Edwards and J. B. Garman, of Queen's College, Birmingham; C. E. Oakeley, of St. George's Hospital; C. G. Mathews, of St. Bartholomew's Hospital; and E. C. Hope, of Melbourne and Mr. Cooke's School of Anatomy and Physiology.

Passed on the 8th inst.:—

Anatomy and Physiology.—J. S. E. Selby, of St. Bartholomew's Hospital; A. J. Harrington, University of Toronto; E. M. Iliewiez, of St. Mary's Hospital.

Anatomy only.—H. C. W. Clarke, of Owens College, Manchester; J. E. Ransford, of Bristol School of Medicine; T. W. Hall, of Carmichael College, Dublin; J. S. Tabb, of Charing-cross Hospital; C. M. Fleury, W. B. Donnelly, and S. Croneen, of Guy's Hospital; F. W. Lewis, of St. Mary's Hospital; G. W. Robertson, of London and Edinburgh University; H. C. Barnes and J. H. Bicket, of London Hospital; C. K. Moseley, G. A. T. Fox, and Fielding Clarke, of St. Bartholomew's Hospital; N. E. E. McTaggart, of St. Bartholomew's and Mr. Cooke's School of Anatomy and Physiology; R. D. Waghorn, of Westminster Hospital; A. D. Bensusan, of St. Thomas's Hospital; E. J. T. Jones, J. H. F. Way, of St. Thomas's and Mr. Cooke's School of Anatomy and Physiology; W. S. Langworthy, C. H. Chapman, and F. L. Underwood, of University College.

Physiology only.—R. W. Brinacombe, of Queen's College, Birmingham; L. J. G. Carré and J. T. R. Wylie, of St. George's Hospital; G. H. Norris, H. Arathoon, Frank Scorer, Theodore Shütte, and C. S. Palmer, of St. Bartholomew's Hospital; J. P. Jones, of London Hospital; Thomas Ager, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; P. W. Campbell, E. H. Willock, Arthur Haines, and F. Pershouse, of St. Thomas's Hospital; E. E. B. Landon, of Guy's Hospital; T. H. E. Meggs, of Westminster Hospital; G. W. B. Waters, of University College; H. A. Kynsey, of University College and Mr. Cooke's School of Anatomy and Physiology; A. W. C. Herbert and S. W. Sweetnam, of St. Mary's Hospital.

Passed on the 9th inst.:—

Anatomy and Physiology.—John Miller, W. J. Ansorge, E. J. Hawkins, of St. Bartholomew's Hospital; John Griffiths, of St. Bartholomew's and Edinburgh; F. C. Stearn, of Guy's Hospital; G. F. Morley, of St. George's Hospital; E. B. Pickthorn, of St. George's and Mr. Cooke's School of Anatomy and Physiology; J. F. Stockwell, of St. Mary's Hospital; C. E. Reinhardt, of London Hospital; Albert Paling and David Phillips, of Middlesex Hospital; and P. W. H. McKeown and J. T. Campbell, of Toronto University.

Anatomy only.—S. B. Axford, of Charing-cross Hospital; E. E. W. Roe, of Guy's; G. L. Hanwell, of St. Thomas's and Mr. Cooke's School of Anatomy and Physiology; V. B. Jepson and J. H. P. Vivian, of St. Thomas's Hospital; and C. A. N. Knox, of Dublin University and St. Thomas's Hospital.

Physiology only.—J. P. Grieves, of St. Mary's Hospital; L. P. Tomlinson, of St. George's Hospital; J. D. Hessey, of Middlesex Hospital; and J. D. Rawlings and T. St. Stephens, of St. Bartholomew's Hospital.

ROYAL UNIVERSITY OF IRELAND.—The following candidates have passed the Third Examination in Medicine of this University:—

Upper Pass Division.—John A. Adams, G. H. Frost, Andrew Fullerton, Thomas W. Fullerton, K. Maguire, James B. Moore, Hamilton Morton.

Passed.—Joseph H. Anderson, David Bennett, Christopher Bunton, James F. Carroll, Anna L. Church, Michael Coughlan, Frederick Craig, Robert Creighton, Patrick Crowley, William Duff, Maurice Fitzgerald, Robert Fraser, Patrick Goold, Robt. J. Gordon, Edward F. Hanrahan, Henry Harley, Hugh T. Heron, Daniel Hill, Thomas Jackson, John Jamison, Paul Jennings, James Keegan, Joseph F. Kelly, Robert Lyons, Michael McCann, Robert McDowell, John McGennis, James McLaren, William Moody, Henry J. Moore, Jas. Morrow, Timothy Murphy, William O'Gorman, Henry O'Reilly, Joseph A. Sullivan, Alexander Robb, William L. Storey, Hugh Stranaghan, James Thompson, James Ross Thomson, Arthur J. Tonkin, Robert Wagner, George S. Walker, John T. Wallace, Thos. B. P. Wilkinson.

SOCIETY OF APOTHECARIES OF LONDON.—The following candidates, having passed the qualifying examination in Medicine, Surgery, and Midwifery, have received certificates entitling them to practise in the same, and have been admitted as Licentiates of the Society on Sept. 12th:—

Slater, Howard, University College.

On the 18th:—

Dalton, James Henry Chesshyre, Cambridge University.
Stone, Emma Constance, Women's Med. Coll. Toronto.
Molson, James Elsdale, Middlesex Hospital.
Smyth, John, Queen's College, Belfast.
Fowler, Frank, St. Thomas's Hospital.

On the 19th:—

Crompton, Alfred, St. Bartholomew's Hospital.
Hicks, John Abernethy, Westminster Hospital.
Kempthorne, Albert Edward, London.
Mitchell, Walter, Sheffield Infirmary.
Rouse, Eusebius Rouse, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—Surgeon-Major A. H. C. Dane, having passed the necessary examination, has been granted the Diploma in Public Health of the College.

OPHTHALMIC HOSPITAL FOR HANWELL.—The Local Government Board has sanctioned the borrowing of £24,000 for the purpose of enabling the managers of the Central London School District to erect a new hospital at Hanwell, where ophthalmia has for some time past been prevailing.

CHARING-CROSS HOSPITAL STUDENTS' DINNER.—The annual dinner of past and present students will take place at the Holborn Restaurant on Friday, Oct. 18th, at 6.30 for 7, Surgeon Whitehead, F.R.C.S., in the chair. Tickets can be obtained by applying to A. H. Walker, at the hospital.

CROYDON ROOKERIES.—In order to widen the High-street of Croydon and at the same time abolish a number of tenements described as rookeries, the Town Council have decided to apply to Parliament for compulsory powers to purchase the latter property. It is estimated that the scheme will cost at least £100,000.

LITERARY INTELLIGENCE. — The compendious treatise on Medicine by Dr. H. Eichhorst of Zurich, which has gone through three or four editions, has been translated into French (four vols.; Paris, Steinheil). The work of translation has been shared by a considerable number of young physicians connected with the Paris hospitals.

THE "LION" TRAINING SHIP IN QUARANTINE.—Admiral Sir William Dowell, Naval Commander-in-Chief at Devonport, has directed this ship to be placed in quarantine. An epidemic of scarlet fever and scarlatina has prevailed during the past few weeks in the towns of Plymouth, Stonehouse, and Devonport, and many cases have been sent from the *Lion* to the hospital.

RABIES.—The number of dogs in England officially reported during the week ending Sept. 28th as afflicted with rabies was eight, against six in the previous week; of these six were killed and two died. The distribution was as follows:—Middlesex (excluding London), three; Surrey (excluding London), two; and Chester, Hertford, and York (West Riding), one each. No cases were reported from London proper.

SUPPOSED SUICIDE OF A PHYSICIAN.—Dr. Jeremiah Wase of Huntspill, Somerset, was found dead in his bedroom last Thursday morning, having died apparently from poisoning. He had written a few lines on some blotting-paper, to the effect that he could not stand the strain any longer. Dr. Wase was the principal witness in a child-murder case to be investigated by the bench of magistrates at Bridgwater on the 10th inst., he having made a post-mortem examination of the body of the infant, and it is supposed that the case had caused him considerable worry.

DARWEN INFECTIOUS DISEASES HOSPITAL.—The formal opening of the new Infectious Diseases Hospital for Darwen took place on the 2nd inst., the members of the Health Committee, the medical staff, and other gentlemen being present. The hospital, which cost £4700, is composed of three separate one-storey buildings; one for small-pox patients, another for patients suffering from fever, and the third to be used as a mortuary.

THE LATE DR. GUTHRIE.—A handsome marble cross has been erected at the grave of the late Dr. Guthrie in the churchyard at Esher. The monument, which cost £54 15*s.*, was erected out of the contributions of, and as a "memorial of loving regard from, 132 patients and friends." A sum of £58 15*s.*, the balance of the amount subscribed, will be applied for the benefit and welfare of the deceased's children.

GRIMSBY AND DISTRICT HOSPITAL.—The annual general meeting of this institution was held on the 7th inst., the Earl of Yarborough presiding. The report, which was adopted, showed that whilst the average yearly expenditure was £1500, the subscriptions only amounted to £550. The chairman, in alluding to the smallness of the subscriptions, said that if the 70,000 population of Grimsby and district only contributed 6*d.* per head the amount would be ample.

NEW MILITARY HOSPITAL IN MADRID.—The military authorities in Madrid are actually beginning to erect a much-needed military hospital. The plans have been prepared by a military engineer, Capt. D. Manuel Cano, and, according to *El Siglo Médico*, leave nothing to be desired on the score of situation or hygienic arrangements, thus presenting a striking contrast to the low, ill-ventilated, insanitary building, the wards of which now form the clinic of the central university.

ST. JOHN AMBULANCE ASSOCIATION, BIRKENHEAD. Surgeon-Major Hutton presided over a large and distinguished gathering at the Town Hall, Birkenhead, on the 1st inst., on the occasion of the distribution of 140 certificates gained by students attending the several St. John Ambulance classes in Birkenhead and Rock Ferry. Surgeon-Major Hutton, in the course of his remarks, said the past year had been most successful in the establishment of classes in Birkenhead, both in first aid and in nursing. The police force of the borough had especially been most effective in obtaining certificates.

PROVINCIAL SUNDAY AND SATURDAY HOSPITAL COLLECTIONS.—At Eckington the recent Hospital Sunday collection amounted to £35 11*s.*—The first Hospital Sunday collection at Wallingford on the 22nd ult. realised £21 18*s.* 1*d.*—A similar collection at Callington on the 29th ult. produced £5 15*s.*—The Hospital Saturday recent collection at Exeter amounted to £21.—The eighth annual Hospital Sunday demonstration of the Middlesbrough Trades' Council, on behalf of the medical charities of the town—the North Riding Infirmary and the North Ormesby Cottage Hospital—realised £26 10*s.* 10*d.*

BEQUESTS AND DONATIONS TO HOSPITALS.—The Cumberland Rugby Football Union have lately made the following donations—viz.: Whitehaven Infirmary, £12; Workington Infirmary, £8; Cumberland Infirmary, £5; Silloth Convalescent Institution, £5; Carlisle Dispensary, £4; and Cockermouth Dispensary, £2; total, £36.—The treasurer of the Bootle Borough Hospital has received £500, being the second moiety of a legacy of £1000 from the late Mr. John Bacon.—The committee of the City Orthopædic Hospital, Hatton-garden, has received from the trustees of the late Mrs. Law French £200 in aid of the extension fund.—The secretary of the Swansea Hospital has received £30, contributed by workmen at the Elba Steel Works.—The late Mr. W. Billings of Leicester has, by his will, bequeathed £100 to the local infirmary.—The Court of Common Council, London, has granted a donation of £210 to Charing-cross Hospital and £210 to the City of London Hospital for Diseases of the Chest.—The late Alderman George, of Leeds, has bequeathed £10,000 to the General Infirmary, Leeds.—Mr. Greswell Williams has given £200 to the funds of the Worcester Dispensary and Provident Medical Institution.—The late Mr. Daniel Procter, of Brook-villa, Whalley Range, Manchester, has bequeathed £1000 to the Manchester Royal Infirmary, £1000 to the Manchester Clinical Hospital, £1000 to the Children's Hospital at Pendlebury, and £2000 to St. Mary's Hospital, Manchester.—The bazaar recently held in aid of the funds of the Bingley Cottage Hospital, including £300 received in subscriptions towards the Bazaar Fund, has produced, net, £1500.—Lady Forster has left £100 each to the Adelaide Hospital, City of Dublin Hospital, and the Orthopædic Hospital, Dublin.—Mr. John Rawdon Berwick, late of Coolfadda House, co. Cork, has bequeathed £300 to the Hospital for Incurables, £300 to the Home for Protestant Incurables, Cork, £300 to the Cork (South) Charitable Infirmary, £300 to St. Vincent's Hospital, £300 to the City of Dublin Hospital, £300 to the Deaf and Dumb Institution, Cabra, £300 to the Stewart Institution for Imbeciles, £300 to the Rotunda Lying-in Hospital, £300 to Sir P. Dun's Hospital, £300 to the Cork-street Fever Hospital, £200 to the Cork Asylum for the Blind, £300 to the Mater Misericordiæ Hospital, £300 to the Meath Hospital, £300 to Mercer's Hospital, and £300 to the Molyneux Asylum for the Blind.

THE SANITARY INSPECTORS' ASSOCIATION.—The sixth annual general meeting of the Association of Public Sanitary Inspectors of Great Britain was held on the 5th inst., at the Westminster Town Hall, Mr. Hugh Alexander presiding. The report expressed disappointment at the limitation of the compulsory operation of the Infectious Diseases Notification Act to the metropolis, and avowed an intention on the part of the council to use every opportunity which might present itself to amend the Act. It was decided to accept an invitation to hold the next annual provisional meeting at Leamington.

THE BOMBAY NATIVE DISPENSARY.—The third biennial report of the Bombay Native Dispensary shows that during the years 1887–1888 the total number of patients treated was 153,456, or 4676 more than during the preceding two years. Of those treated, 60,952 were Hindoos, 59,660 Parsees, 21,714 Mussulmans, 5048 Christians, and 6082 of "other castes." The report adds that the most healthy season was from November to February, and the most sickly period from August to October, when the severe heat, after the close of the rains, dries the cesspools and low swampy places, producing malarious fevers and their accompaniments.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The first meeting of the thirty-fourth session (1889–90) was held at the Royal Kent Dispensary, Greenwich-road, on Oct. 4th, at 8 o'clock precisely, when the following gentlemen were elected office-bearers for the ensuing year:—President: Mr. Thomas Moore. Vice-Presidents: Mr. J. Poland and Dr. John McGavin. Council: Mr. A. Stewart Brown, Dr. Clarke, Mr. Peter Cooper, Mr. A. Lloyd Jones, Dr. Nicholson, Mr. Charles Parkes, and Dr. George Newton Pitt. Treasurer: Dr. Prior Purvis. Secretary: Mr. H. W. Roberts. Librarian: Dr. Ernest Clarke.

A HOSPITAL FOR KESWICK.—The trustees of the Fitz Park, Keswick, have received an offer from Mr. Henry Hewetson, of Tunbridge Wells, to transfer to them, under certain conditions and for certain purposes, the small farm of Monks' Hall as an addition to the trust already existing. On this land, which adjoins Fitz Park and comprises fourteen acres of land, Mr. Hewetson offers to build, furnish, and maintain a cottage hospital for the benefit of the poorer classes residing in and around the district of Keswick, and proposes to pay over £300 a year during his life as the income for the year, and make provision for a similar yearly payment after his death. This generous offer has been accepted.

EYE AND EAR HOSPITAL, BIRKENHEAD.—The annual report of this hospital just issued shows that there has been a satisfactory increase in the usefulness of the institution. The arrangements reported by the committee last year with regard to dispensing their own medicines had been a success. The saving thus effected over the former system was larger than anticipated. The patients at the dispensary during the year numbered 1212, of whom 120 were admitted free. The total attendance was 7121. The number of in-patients was 56; the beds (six) were occupied 1276 days, giving an average time for a patient of nearly twenty-three days. The balance-sheet showed a small balance in hand. The outstanding accounts amounted to £122 7*s.* 11*d.*

A COTTAGE HOSPITAL FOR SIDMOUTH.—A communication from an anonymous benefactor has been received by the committee appointed to promote the establishment of a cottage hospital for Sidmouth, offering a donation of £500 towards the object in view. The offer seems to have had the effect of stimulating other well-wishers to the town to the exercise of liberality in the same direction, so that the scheme appears likely to be realised.

ROYAL COMMISSION ON VACCINATION.—The Royal Commission on Vaccination resumed their sittings on Wednesday at Richmond-terrace, Whitehall. There were present Lord Herschell (Chairman), Sir James Paget, Bart., Sir Charles Dalrymple, M.P., Sir W. Guyer Hunter, K.C.M.G., M.P., Sir E. H. Galsworthy, Mr. William Scovell Savory, F.R.S., Mr. Charles Bradlaugh, M.P., Dr. John Syer Bristowe, Dr. William Job Collins, Professor Michael Foster, M.D., Mr. Jonathan Hutchinson, Mr. J. Allanson Picton, M.P., Mr. F. Meadows White, Q.C., and Mr. Bret Ince, secretary. Surgeon-General J. Pinkerton and Dr. Arthur F. Hopkirk were examined.

OPEN SPACES.—There was a long discussion at the meeting of the Newington Vestry on Wednesday night, consequent upon a recommendation from the General Purposes Committee that the consideration of the memorial from the Brockwell-park Committee asking the vestry's assistance in acquiring the park as an open space for the public, by making a grant towards the purchase money, be deferred until the vestry had statutory power to make a contribution. The chairman (the Rev. G. T. Palmer) moved as an amendment that a contribution of £5000 be made, and after a long debate that proposal was adopted.

ASSOCIATION OF CERTIFYING SURGEONS.—A general meeting of the Association of Certifying Surgeons was held in the Victoria Hotel, Manchester, on Wednesday. The meeting, which was a very representative one, was presided over by Mr. Walmsley, Salford, president, supported by Dr. Arlidge, Stoke-on-Trent, vice-president. The president and treasurer submitted reports, which show the Association to be in a flourishing condition both numerically and financially, and well able to carry out any measures necessary for the furtherance of its objects. Several resolutions relating to the sanitary condition of factories &c. were discussed and adopted.

BATH EYE INFIRMARY. — A special general meeting of the governors and subscribers of this institution was held at the Infirmary, No. 1, Belvedere, on the 30th ult., to consider the revised rules framed for the management of the Infirmary, which had been removed to more commodious premises. After the new rules had been adopted, a statement was made as to the financial position of the Infirmary, the cost of purchase and moving from the old house to the present building being about £1550. The patients had increased from 700 to 1200 in a comparatively short space of time, and the hope was expressed that additional support would be accorded to the Infirmary.

PRESENTATIONS.—Dr. J. Wilton of Sutton, Surrey, has been presented by his friends and patients, on his retiring from the profession and leaving the town after a long and honourable connexion therewith, with a handsome testimonial consisting of four massive silver candlesticks, a piece of plate, and an illuminated address on vellum.—On the 7th inst., Dr. W. H. Dawson, consulting physician to the Malvern Rural Hospital, was presented by the patients of the institution and friends with a purse containing £102, a clock, and two bronze statuettes, and a parchment roll with the names of 170 subscribers. Dr. Dawson has gratuitously served the hospital for the past twenty-one years, and was still connected with it as consulting physician.—At Sheffield on Friday, Oct. 4th, Mr. Simeon Snell, M.R.C.S. Eng., L.R.C.P. Lond., was entertained at a complimentary dinner given by some thirty of his medical *confrères* in Sheffield, and was presented with a handsome silver tray, with an appropriate inscription and an illuminated address, on behalf of eighty-one members of the Sheffield Medico-Chirurgical Society, as a mark of their appreciation of the successful and admirable manner in which he had for thirteen years fulfilled the duties of honorary secretary to that society, and which post he resigned at the close of last session.

SCHOLARSHIPS. — *London Hospital:* Mr. C. P. Harris has obtained the first Entrance Science Scholarship of £60, and Mr. G. H. Cowen the second of £40. Mr. C. O. Williams has obtained the first Buxton Scholarship of £30, and Mr. E. J. G. Tucker the second of £20.—*Charing-cross Hospital:* Mr. Thomas Sandells has obtained the first Entrance Scholarship of one hundred guineas, and Mr. Frederick A. L. Hammond the second of fifty guineas. Mr. A. G. Harvey, of St. John's College, Cambridge, has been awarded the Universities Scholarship of fifty guineas.

COMPLIMENT TO A PHYSICIAN.—A number of medical men and other friends met together at the Royal Hotel, Swansea, last week, on the occasion of giving a farewell dinner to Mr. John Farrant Fry, L.R.C.P. Lond., M.R.C.S. Eng., who is removing from Swansea, where he has practised for fourteen years, to Shepton Mallet, Somersetshire, for the benefit of the health of himself and family. Speeches were made lauding Mr. Fry's past services to Swansea, and notably to Swansea Hospital, with which he had been connected for the past eleven years, and wishing him every prosperity in his new home. Mr. Fry replied in appropriate terms, and after a musical interlude, the meeting, which was unanimous and enthusiastic, concluded by a general handshaking with Mr. Fry in token of farewell.

MEDICO-CHIRURGICAL SOCIETY OF GLASGOW.—At the first meeting for the session held on the evening of the 4th inst. the following gentlemen were elected office-bearers for session 1889-90:—President: Dr. William Macewen. *Section of Medicine:*—Vice-President, Dr. J. Wallace Anderson; Council, Dr. Hugh Thomson and Dr. W. G. Dun; Secretary, Dr. Geo. S. Middleton. *Section of Surgery:*—Vice-President, Dr. David W. Knox; Council, Dr. W. J. Fleming and Dr. J. C. Renton; Secretary, Dr. John Barlow. *Section of Pathology:*—Vice-President, Dr. W. T. Gairdner; Council, Dr. H. Rutherford, and Dr. Joseph Coats; Secretary, Dr. T. Kennedy Dalziel. *Section of Obstetrics:*—Vice-President, Dr. W. L. Reid; Council, Dr. M. Cameron, and Dr. Samuel Sloan; Secretary, Dr. Lawrence Oliphant; Treasurer, Dr. Henry E. Clark; General Secretary, Dr. Walker Downie.

THE AFTER-CARE ASSOCIATION. — The annual general meeting of the members and friends of this Association was held on July 4th at the residence of the Earl of Meath (President), who occupied the chair. There are about 30,000 women of various callings and conditions of life in lunatic asylums in England and Wales, and of these a large number are discharged in the course of the year recovered. Many of these are entirely friendless, but desirous, and often very capable, of earning their own living. The chief objects of this Association are to facilitate the readmission of poor and friendless female convalescents from lunatic asylums into social life, by obtaining for them, when needful, change of air and scene, by grants of money and clothing, and by assisting them to obtain suitable employment. The report, which was adopted, states that funds are urgently needed to carry on and extend the work of the Association, and the Secretary, Mr. H. Thornhill Roxby, "Arden Lea," The Drive, Walthamstow, Essex, will thankfully receive contributions.

SALFORD WORKING MEN'S SANITARY ASSOCIATION.—At the first general meeting of this Association, held recently in Salford, the secretary, Mr. Alfred Settle, gave an account of the work done by the Association since the first appointment of the committee four months ago. They had received numerous complaints from tenants belonging to the working classes as to the insanitary condition of their abodes, and the Association had brought the matters complained of under the notice of the Health Committee, and for the most part they had been attended to with promptness, and the officials had shown great courtesy. Through the action of this Association the Corporation and the property owners had been wakened up, and the latter, who had hitherto neglected their duty, were now doing something to mitigate the evils of the people's surroundings. Several speakers followed, and drew attention to the rookeries and slums which abounded in Salford, and which were unfit for habitation. They urged that the Association should leave nothing undone to compel the town councillors to do their duty in the matter of proper sanitation for the town.

METROPOLITAN ASYLUMS BOARD.

Return of Patients remaining in the several Fever Hospitals of the Board at midnight on October 8th, 1889.

Hospital.	Beds occupied.						Total accommodation.
	Scarlet fever.	Diphtheria.	Typhus fever.	Enteric fever	Other diseases.	Total.	
Eastern Hospital	229	59	..	51	..	339	442
North-Western Hospital	229	26	..	7	..	262	415
Western ,,	161	16	..	6	..	183	262
South-Western ,,	..	..	..	..	..	..	402
South-Eastern ,,	230	16	1	21	3	321	462
Northern ,,	367	..	..	..	..	367	480
Totals	1266	117	1	85	3	1472	2463

BOOKS ETC. RECEIVED.

ALCAN, FÉLIX, 108, Boulevard Saint Germain, Paris.
Madère Station Médicale: Fixe Climat des Plaines, Climat des Altitudes. Par le Dr. G. A. Mourão Pitta. 1889. pp. 101.

CASSELL & COMPANY, London.
A Handbook for the Nursing of Sick Children. With a few Hints on their Management. By Catherine Jane Wood. 1889. pp. 248.
London (Ancient and Modern) from the Sanitary and Medical Point of View. By G. V. Poore, M.D., F.R.C.P. 1889. pp. 128.

CHATTO & WINDUS, Piccadilly, London.
Foods for the Fat. A Treatise on Corpulency, with Dietary for its Cure. By N. E. Davies, L.R.C.P. Lond. 1889. pp. 138.

CHURCHILL, J. & A., New Burlington-street, London, W.
On the Causes, Treatment, and Cure of Stammering. By A. G. Bernard, M.R.C.S., L.R.C.P. 1889. pp. 71.
Leprosy as a Cause of Blindness. With Notes of 41 Cases. By C. F. Pollock, M.D., F.R.C.S. 1889. pp. 88.

GRIFFIN, CHARLES, & COMPANY, Exeter-street, Strand, London.
Year-book of the Scientific and Learned Societies of Great Britain and Ireland. Compiled from official sources. Fourth Annual Issue. 1887. pp. 223.
A Treatise on Gout. By Sir Dyce Duckworth, M.D. Edin. With Frontispiece and Illustrations. 1889. pp. 476.

HAMILTON, ADAMS, & Co., Paternoster-row, London.
Nature Stories, Myths, and Phantasies. Tales for the Young. By Young Pan. 1889. pp. 109.

HIRSCHFELD BROTHERS, Fetter-lane, London.
The Animal Alkaloids, Cadaveric and Vital; or, the Ptomaines and Leucomaines, Chemically, Physiologically, and Pathologically considered in relation to Scientific Medicine. By A. M. Brown, M.D.; with an Introduction by Prof. Armand Gautier. Second Edition. 1889. pp. 252, price 7*s.* 6*d.*

LONGMANS, GREEN, & Co., Paternoster-row, London.
Watt's Dictionary of Chemistry. Revised and entirely rewritten. By M. M. Pattison Muir, M.A., and H. Forster Morley, M.A., D.Sc., assisted by eminent Contributors. In Four Volumes. Vol. II.: Ch—In. 1889. pp. 760, price 42*s.*

MACLEHOSE, JAMES, & SONS, Glasgow.
A Text-book of Physiology. By J. G. M'Kendrick, M.D., LL.D., F.R.S., including Histology, by P. Stöhr, M.D. In Two Volumes. Vol. II.: Special Physiology. 1889. pp. 803.

MACMILLAN & Co., London.
A Text-book of Physiology. By M. Foster, M.A., M.D. With Illustrations. Fifth Edition, largely revised. Part II., comprising Book II.: The Tissues of Chemical Action with their respective Mechanisms—Nutrition. 1889. pp. 846.

SMITH, ELDER, & Co., Waterloo-place, London.
Dictionary of National Biography. Edited by Leslie Stephen. Vol. XX.: Forrest—Garner. 1889. pp. 445.

STATE JOURNAL COMPANY, Lincoln, Nebraska.
Original Investigations of Cattle Diseases in Nebraska, 1886-1888. By Frank S. Billings. With Plates. 1889. pp. 267.

SWAN SONNENSCHEIN & Co., Paternoster-square, London.
Handbook of Practical Botany, for the Botanical Laboratory and Private Student. By E. Strasburger, edited from the German by W. Hillhouse, M.A., F.L.S. Revised by the Author, with additional Notes by Author and Editor. Second Edition, revised and enlarged. With 116 original and 33 additional Illustrations. 1889. pp. 425.

TRUSLOVE & SHIRLEY, St. Paul's Churchyard, London.
Introduction to the Treatment of Disease by Galvanism. By Skene Keith, M.B., F.R.C.S. Edin. pp. 62.

VOGEL, F. C. W., Leipzig.
J.-J. Rousseau's Krankheitsgeschichte. Von P. J. Möbius. 1889. pp. 191.

WHITTINGHAM & Co., Gracechurch-street, London.
Service Chemistry; being a Short Manual of Chemistry, and its applications in the Naval and Military Services. By Vivian B. Lewes, F.I.C., F.C.S. Illustrated. 1889. pp. 521, price 15*s.*

WILLIAMS & NORGATE, Henrietta-street, Covent-garden, London.
An Epitome of the Synthetic Philosophy. By F. Howard Collins. With a Preface by Herbert Spencer. 1889. pp. 571.

WILSON, E., & Co., Royal Exchange, London.
Laurie's Universal Code for Private and Business Telegrams. Compiled by R. Northall-Laurie, M.A., and A. A. Hayes, M.A. 1889. pp. 476.

The Rational Treatment of Constipation, by Thomas Gurney, M.D. L.R.C.P., M.R.C.S. (Henry Renshaw, London, price 6*d.*).—Fourth Annual Report of the State Board of Health of the State of Maine, for the fiscal year ending December 31st, 1888 (Burleigh and Flynt, Augusta, 1889).—Grand Canary: its Climate and Springs, by J. Cleasby Taylor, M.R.C.S. (J. Richardson & Co., Leicester).—Bourne's Handy Assurance Manual, 1889-1890 (second year of publication), by Wm. Bourne, F.S.S. (A. Trengove, John Heywood, and G. Philip & Son, London), price 1*s.*—Simple Shorthand, a revised edition of Taylor's Original System, by W. Heather, F.Sh. S. (Groombridge and Sons, London, 1889), price 1*s.*—Sanitary Condition of Melbourne: Progress Report of Royal Commission to inquire into and report upon the Sanitary Condition of Melbourne, 1889, Parts I. and II. (By Authority: Robert S. Brain, Government Printer, Melbourne).—Index-Medicus: Authors and Subjects, Vol. XI. No. 8, August, 1889 (Trübner & Co., and Lewis, London).—Hydrophobia of 1889: its Causes and Cure; a Plea to commute the sentence of Six Months. Written by a Dog with a Sore Nose; with engravings on wood (W. Roberts, London, price 1*d.*)—Merck's Index of Fine Chemicals and Drugs for the Materia Medica and the Arts: a Guide for the Physician, Apothecary, Chemist, and Dealer; by E. Merck (E. Merck, Jewry-street, London, 1889).—Instructions to Inventors, as to obtaining Letters Patent and Registering Trade Marks and Designs; by Wm. Jordan, Patent Agent (R. Jordan, Public Companies' Registration Agent, London), price 6*d.*—Archives of Surgery, by Jonathan Hutchinson, LL.D., F.R.S., vol. I., No. 2, October, 1889 (J. & A. Churchill, London), price 2*s.* 6*d.*—Leçons sur le Syndrome Bulbo-médullaire, constitué par la Thermanesthésie, l'Analgésie et les Troubles sudoraux ou vaso-moteurs (substance grise latéro-postérieure); par le Professeur J. Grasset; recueillies et publiées par le Dr. G. Rauzier (G. Masson, Paris, 1890).—Contributo allo Studio del Polso Paradosso; per Il Dr. Eugenio Occhipinti (Gaetano Capra & Co., Messina, 1889).—Magazines for October: Sunday at Home, Boy's Own Paper, Leisure Hour, Good Words, Wit and Wisdom, Scribner's, Sunday Magazine (Isbister), Blackwood's Edinburgh Magazine.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ALTHORP, C. F. M., L.R.C.P. Lond., M.R.C.S., has been appointed House Surgeon to the Bradford Infirmary, vice W. Horrocks, M.B. Lond., F.R.C.S., resigned.

CHAMBERS, JAMES, M.A., M.D., has been appointed Senior Assistant Medical Officer to the Montrose Royal Lunatic Asylum.

DOLAN, T. M., M.D. Dur., L.R.C.P., F.R.C.S. Edin., has been reappointed Medical Officer to the Halifax Union Infirmary.

DUTT, A. C., B.A., M.B. Camb., has been appointed House Surgeon to the Scarborough Hospital and Dispensary, vice W. B. Russell, B.A., LL.B., M.B. Camb., resigned.

FINLAY, D. W., M.D. Glas., F.R.C.P. Lond., has been appointed Consulting Physician to the Royal Caledonian Asylum, London.

GAYLOR, E., L.R.C.P. Edin., L.F.P.S. Glas., has been reappointed Medical Officer of Belper Rural District, and Alfreton and Ripley Union Districts.

GOUGH, T. HARLEY, L.R.C.P. Lond., M.R.C.S., has been appointed Resident Medical Officer to the Royal Albert Hospital, Devonport, vice R. H. Perks, M.D., F.R.C.S., resigned.

HARTRIDGE, GUSTAVUS, F.R.C.S., has been appointed Surgeon to the Royal Westminster Ophthalmic Hospital, vice Henry Power, F.R.C.S., resigned.

HILL, A. BOSTOCK, M.D. Giessen, L.R.C.P., L.R.C.S. Edin., has been reappointed Medical Officer of the Borough of Sutton-Coldfield.

JONES, HUGH E., M.R.C.S., L.R.C.P., late House Surgeon, has been appointed Honorary Assistant Surgeon to the Liverpool Eye and Ear Infirmary, vice J. Rose, resigned.

MCNAIR, GEORGE, L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer of the Fritwell District of the Bicester Union, vice Edward W. Turner, deceased.

MILLIGAN, WM., M.B., C.M., has been appointed Examiner of Anatomy in the University of Aberdeen.

RATCLIFFE, J. R., M.B., C.M. Edin., has been appointed Registrar and Pathologist at the General Hospital, Birmingham.

ROWE, EDMUND LEWIS, L.R.C.P. & L.R.C.S. Edin., has been appointed Medical Superintendent of the Ipswich Borough Asylum, vice B. Chevallier, deceased.

SANTI, PHILIP R. W., F.R.C.S.Eng., has been appointed House Surgeon to the Great Northern Central Hospital, vice C. Mortlock, M.R.C.S., resigned.

STANDEN, PETER, M.B., C.M. Edin., has been reappointed Medical Officer of Health for the Mansfield Rural Sanitary District, Notts.

WILSON, JOHN SMITH, M.R.C.S., L.R.C.P. Edin., Coroner for New South Wales generally, has been appointed one of the Medical Officers to the Berrima District Cottage Hospital, Bowral, New South Wales, Australia.

WRIGHT, HENRY, L.R.C.P. Edin., M.R.C.S., has been reappointed Medical Officer of Gainsborough Rural District.

YOUNG, W., M.D. Dur., C.M., L.S.A.Lond., has been appointed Medical Officer of Norton.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement.

BRADFORD INFIRMARY AND DISPENSARY.—House Physician. Salary £100 per annum with board.

BURTON-ON-TRENT INFIRMARY.—House Surgeon. Salary £130 per annum with a prospect of increase, and rooms in the infirmary free, also coals and gas.

CLAYTON HOSPITAL AND GENERAL DISPENSARY, Wakefield.—House Surgeon. Salary £120 per annum, with residence at the hospital, attendance, coals and gas.

DORSET COUNTY ASYLUM.—Assistant Medical Officer. Salary £120 per annum, with board and residence.

FLINTSHIRE DISPENSARY, Bagillt-street, Holywell.—House Surgeon. Salary £100 per annum, with furnished house, rent and taxes free, with a prospect of £20 increase after twelve months; also coal, light, water, and cleaning, or in lieu thereof the sum of £20 per annum.

GENERAL HOSPITAL, Birmingham.—Assistant Physician, for three years. Honorarium £100 per annum.

GENERAL INFIRMARY AT LEEDS.—Resident Obstetric Officer. House Physician. House Surgeon. These appointments for twelve months.

HANTS COUNTY ASYLUM, Knowle, Fareham.—Junior Assistant Medical Officer. Salary £100 per annum, with furnished apartments, board, washing, and attendance.

HOSPITAL FOR SICK CHILDREN, Great Ormond-street, London, W.C.—Resident Medical Officer as House Surgeon, for one year. Salary £50 per annum, with board and residence in the hospital.

HOSPITAL FOR WOMEN.—London School of Gynæcology, Soho-square, W.—Clinical Assistants in both Out-patient and In-patient Departments.

JOINT COUNTIES ASYLUM, Carmarthen.—Junior Assistant Medical Officer. Salary £100 per annum, with board, lodging, washing, and attendance.

LANCASHIRE COUNTY ASYLUM, Rainhill, near Liverpool.—Assistant Medical Officer. Salary commencing at £105 per annum, with furnished apartments, board, attendance, and washing.

LIVERPOOL DISPENSARY, 34, Moorfields, Liverpool.—Two Assistant Surgeons. Salary £80 per annum each, together with apartments, board, and attendance.

LIVERPOOL INFIRMARY FOR CHILDREN, Myrtle-street.—House Surgeon. Salary £85 per annum, with board and lodging.

LIVERPOOL ROYAL INFIRMARY.—Honorary Surgeon.

NORTH-WEST LONDON HOSPITAL, Kentish-town-road.—Senior Resident Medical Officer. In the event of the Assistant Medical Officer being appointed to the senior post, candidates should state if they will take the Junior appointment.

OWENS COLLEGE, Manchester.—Junior Demonstrator in Physiology. Salary £100 per annum.

PARISH OF EDAY, Orkney, to Inspector of Poor.—Resident Medical Officer. Salary £70 a year and practice.

PUBLIC DISPENSARY, 59, Stanhope-street, Clare-market.—Resident Medical Officer. Salary £105 per annum, with furnished apartments, coals, and gas.

SHEFFIELD GENERAL INFIRMARY.—House Surgeon. Salary £120 per annum, with board, lodging, and washing, with a prospective advance of £10 per year for the second and third years. Also Assistant House Surgeon. Salary £80 per annum, with board, lodging, and washing. These appointments to continue for three years only.

ST. MARY'S HOSPITAL, Quay-street, Manchester.—House Surgeon and Resident Obstetric Assistant Surgeon Salary £120 per annum, with board and residence.

THE COUNTIES ASYLUM, Carlisle.—Junior Assistant Medical Officer. Salary £80 with board.

WOLVERHAMPON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton.—House Surgeon. Salary £100 a year, with board, lodging, and washing.

Births, Marriages, and Deaths.

BIRTHS.

BOTTRELL.—On Aug. 25th, at Villa Rica, Paraguay, the wife of J. F. H. Bottrell, M.R.C.S.E., of a daughter.

BOUCHER.—On Oct. 3rd, the wife of Arthur H. Boucher, M.D., Hertford, of a son.

GEOGHEGAN.—On Oct. 4th, at Shooter's-hill-road, Blackheath, the wife of Surgeon Alfred Geoghegan, Medical Staff, of a daughter.

MARTIN.—On Oct. 7th, at 10, Mansfield-street, Cavendish-square, W., the wife of Sidney Martin, M.D.Lond., M.R.C.P., of a daughter.

MCCONNELL.—On Sept. 13th, at Wood-street, Calcutta, the wife of Surgeon-Major J. F. P. McConnell, M.D., F.R.C.P., of a daughter.

STEVENS.—On Oct. 4th, at High-street, Stoke Newington, N., the wife of A. Felix Stevens, M.D., of a daughter.

MARRIAGES.

BENCRAFT—PERKINS.—On Oct. 8th, at Highfield Church, Southampton Henry William Russell Bencraft, M.R.C.S., of Anglesea-place, Southampton, to Kate Margaret, second daughter of Walter Perkins, of Postwood House, Southampton.

CARTER—RIACH.—On Sept. 21st, by licence, at St. Peter's, Streatham-hill, William J. B. Carter, M.R.C.S. Eng., L.R.C.P. Lond., to Gwendolyne Brae Riach.

COCKBURN—LAW.—On Oct. 1st, at Christ Church, Lancaster-gate, Surgeon-General R. Cockburn, Bengal Army (retired), to Mary Louisa, widow of the late Lieut.-Col. E. A. Law, Royal Dublin Fusiliers, and daughter of the late C. A. Anstey.

COPELAND—HUMPHRIES.—On Oct. 8th, at Rathmichael Church, Shankill, co. Dublin, W. H. Lawrence Copeland, B.A., M.B.Cantab., of Philbeach-gardens, Earl's-court, S.W., only son of the late W. H. Copeland, J.P., Anglesea, to Zoe Jane, eldest daughter of the late Walter Humphries, M.D., Mona, Shankill.

DAVY—CUTCLIFFE.—On Oct. 8th, at Witheridge, Richard Davy, Surgeon to the Westminster Hospital, to Edith, third surviving daughter of George Cutcliffe, Esq., J.P., of Coombe House, Witheridge, North Devon.

FERGUSON—WATSON.—On Oct. 9th, at Charlotte-square, Edinburgh, by the Rev. Charles Watson, D.D., Free Church, Largs, uncle of the bride, James Haig Ferguson, M.B., C.M., F.R.C.P., of Rutland-street, Edinburgh, to Penelope Gordon, elder daughter of Patrick Heron Watson, LL.D., M.D., F.R.C.S.E. and I., Surgeon-in-Ordinary to the Queen in Scotland.

HART—RAWSTHORN.—On Sept. 25th, at Christ Church, Bolton, by the Rev. H. W. Reynolds, B.A., Vicar, George Hart., M.R.C.S. Eng., eldest son of Mr. James Hart, Pharmaceutical Chemist, to Mary (Polly), eldest surviving daughter of the late Mr. William Rawsthorn, of Bolton, Lancs.

LENDON—RYMILL.—On Aug. 26th, at St. Paul's Church, Adelaide, S.A., Alfred Austin Lendon, M.D. Lond., of North-terrace, fifth son of Edwin Lendon, formerly of Maidstone, to Lucy Isabel, younger daughter of Henry Rymill, J.P., of The Firs, East-terrace, Adelaide.

MARSHALL—DONALD.—On Sept. 25th, at St. Mary's, Bathwick, Bath, Arthur Lumsden Marshall, B.A., B.M. Cantab., fourth son of Major-General Marshall, late of the Royal Bengal Artillery, to Margaret Minnie Helen, youngest daughter of the late John Donald, Deputy Inspector-General of Military Hospitals, and granddaughter of the late Major H. B. Adams, Paymaster the Recruiting District, Dublin.

MILWARD—PLUMRIDGE.—On Sept. 26th, Surgeon Edwin Oswald Milward, Army Medical Staff, son of the late John Hartnell Milward, Esq., Ennis, Ireland, to Enid, youngest daughter of the late Admiral Sir James Hanway Plumridge, K.C.B.

STEPHENS—CRIPPS.—On Oct. 2nd, at St. Anne's, Eastbourne, Harold Frederick Dale Stephens, M.B., R.N., of H.M.S. Pembroke, eldest son of E. B. Stephens, Esq., The Lindens, Doddington, Cambridgeshire, to Agnes Grace, youngest daughter of Lieut.-General J. M. Cripps, B.S.C., of Elmcote, Eastbourne.

WATSON—HOLDEN.—On Oct. 8th, at St. Mary's Church, South Luffenham, Rutland, by the Rev. P. G. Dennis, B.D., Rector of North Luffenham, and the Rev. C. O. Watson, M.A., Rector of Morcott, brother of the bridegroom, Deputy Surgeon-General George Alder Watson, Bengal Army (retired), to Beatrice Blandina, daughter of the Rev. Henry Holden, D.D., Rector of South Luffenham, Hon. Canon, Durham Cathedral.

DEATHS.

DICKINSON.—On Oct. 2nd, at Pailton, near Rugby, George Murray Dickinson, Surgeon, aged 73.

FARIS.—On Oct. 1st, at the residence of his brother-in-law, North Great George's-street, Dublin, Surgeon-Major Thomas Faris, Army Medical Department, War Office, London, only son of the late Rev. Francis Faris, Vicar of Donard, County Wicklow, in his 44th year.

HEWLETT.—On Oct. 8th, suddenly, Thomas G. Hewlett, M.R.C.S., of Fairlawn House, Bedford, formerly Deputy Surgeon-General, Bombay Army, aged 57.

KYNOCH.—On Oct. 4th, at Invergordon, Ross-shire, N.B., Robert Keith Kynoch, M.R.C.S. Eng.

TIMES.—On Oct. 8th, at his residence, Manchester-street, Manchester-square, Henry Gorsuch Times, M.R.C.S. & L.M., in his 73rd year.

VOGAN.—On Oct. 5th, at his residence, Ipswich, James Norman Vogan, F.R.C.S. Eng., in his 37th year. Friends will please accept this the only intimation.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, October 10th, 1889.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radiation in Vacuo.	Maximum Temp. in Shade.	Min. Temp.	Rainfall.	Remarks at 8.30 A.M.
Oct. 4	29·45	N.W.	50	49	80	54	46	·29	Foggy
,, 5	29·65	S.W.	51	49	92	59	44	·25	Cloudy
,, 6	29·90	W.	52	49	75	59	48	·06	Fine
,, 7	29·30	S.W.	57	53	95	60	51	·16	Fine
,, 8	29·58	S.W.	49	46	97	61	45	..	Fine
,, 9	29·22	S.W.	50	47	92	58	45	·15	Cloudy
,, 10	29·32	S.W.	48	47	95	61	44	·05	Foggy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

MALCOLM MORRIS INDEMNITY FUND.—FINAL LIST.

THE following additional subscriptions to the above fund have been received:—

Amount previously acknowledged	£466	8	0
Henry C. Burdett, Esq.	5	5	0
Dr. Brodie	3	3	0
Dr. Wharton Hood ..	3	3	0
Dr. Champneys	2	2	0
Dr. Robert Liveing ..	1	1	0
Dr. Goodhart	1	1	0
Dr. E. J. Nix	1	1	0
Colonel Stanley Bird ..	£1	1	0
Surgeon C. C. Manifold	1	1	0
Dr. Marcus Allen (Brighton)	1	1	0
F. O. Lovell, Esq.	1	1	0
D. B. Balding, Esq. (Royston)	0	10	6
Total	£487	18	6

Gentlemen who have promised subscriptions, but have not yet sent them, are requested to forward them to Mr. G. P. Field, 34, Wimpole-street, or to Dr. Sidney Phillips, 21, Upper Berkeley-street, W.

Mr. Thomas Tyler, M.A.—An organisation of the medical graduates into a separate Medical Council with any executive power would not meet the present difficulty.

Dr. Stanley Haynes.—Our correspondent's letter arrived too late for the correction to be made.

ALBUMINURIA.

To the Editors of THE LANCET.

SIRS,—I did not have an opportunity of perusing the discussion on albuminuria at the meeting of the British Medical Association at Leeds, as reported in THE LANCET of Aug. 24th, until a few days since. It appears to me the gist of it is to be found in Dr. Graves' remarks on Bright's disease in his Clinical Lectures, published more than forty years ago, and heard by me, then one of his pupils, as he delivered them several years previously. Dr. Pavy, at the above meeting, said that "albuminuria is now admitted to exist as a functional aberration, as well as associated with structural disease," apparently unmindful of the fact that Dr. Graves showed from various cases that an albuminous state of urine may depend on mere functional disease of the kidney, and that we may have Bright's kidney with albuminous urine, and *vice versâ* (Clinical Lectures. vol. ii., page 268). Dr. Pavy also observed that the above discussion was evidence of a "new departure." If that be so, Dr. Graves "departed" by the "new" road more than fifty years ago.

I am, Sirs, yours faithfully,

Oct. 8th, 1889. A PUPIL OF THE LATE DR. GRAVES.

MEDICAL PRACTICE IN SOUTH AFRICA.

To the Editors of THE LANCET.

SIRS,—My opponent is an unqualified practitioner who was formerly a sailor and deserted from his ship. Afterwards he became in turn a police constable and a butcher. He was attending a child who died yesterday. He is now making its coffin.—Yours truly,

Orange Free State, Sept. 13th, 1889. M.R.C.S., L.R.C.P.Lond.

RECRUITING DUTY IN RUSSIA.

DR. KILDINZHEVSKI, writing in a military medical journal of various local circumstances in connexion with recruiting commissions in Russia, complains that the official instructions for the accommodation of the examining medical officer are frequently not properly carried out. Instead of a light, warm, spacious compartment, the room, especially in villages, is small, low, damp, often extremely cold, and as often overheated, and, as the secretaries work in the same room quiet and silence are unattainable. Under such circumstances, and as the medical officer has to work from 8 A.M. until 4 P.M., a proper examination is hardly possible. The necessary instruments for such examination are wanting, too, such as an aural speculum and tables for the examination of sight, and even clean towels and water are often not to be obtained.

Mr. G. T. Sandiford.—British practitioners are generally excused attending the curriculum for the M.D. of Paris, and are usually excused some of the six somewhat severe examinations required of ordinary students. Special application must be made to the Minister of Public Instruction, who judges each application on its merits, and informs the applicant what examinations he will be required to pass. The fees amount to £50. The *Programme des Conditions d'Admission aux Écoles de Médecine* (Delalain Frères, 56, Rue des Écoles, Paris) can be obtained for a small sum. If the object be to obtain a licence to practise, there is a much simpler diploma—that of *officier de santé*—which will answer the purpose; but it must be obtained in the locality in which it is proposed to practise. Of course, the French language is essential for either diploma. The Brussels M.D. can be obtained without any knowledge of French. Further information can be obtained from the Students' Number of THE LANCET, 1889.

Dr. W. Henry Williams.—The qualification mentioned does not give the right to the title of Doctor.

An Invalid.—We think Florence is to be preferred to Rome.

BRITISH QUALIFICATIONS ABROAD.

To the Editors of THE LANCET.

SIRS,—Having read an article in THE LANCET of Sept. 7th, 1889, upon the effect of British registration in the colonies and abroad, as regards the privileges for medical practice afforded thereby, I wish to direct your attention to the misleading character of your assertions as regards Ontario. While it is true that the Medical Council of Ontario were compelled, previous to the passing of the Imperial Medical Act of 1886, to register legally qualified British practitioners, yet since the passing of that Act, and the insertion of the words "subject to any local law" in Section 6, relating to the privileges of registered persons, they have not been so compelled. Section 23 of the Ontario Medical Act declares that it shall be optional for the Council to admit to registration all such as are duly registered in the Medical Register of Great Britain and Ireland on such terms as the Council may deem expedient. As a result of this Act, the Ontario Medical Council will register only such as pass the Final Examination of the College of Physicians and Surgeons of Ontario, and pay all the fees, amounting to $100. I am myself a graduate in Medicine and Surgery of the University of Aberdeen, registered May 4th, 1888, and upon coming to Toronto to practise was, to my intense surprise and disgust, compelled to undergo the Ontario College of Physicians and Surgeons Examination before being allowed to register in this province. To prevent other unfortunates sharing the same fate unknowingly, I would ask you to give this publicity in an early issue of your journal.

I am, Sirs, yours truly,

Toronto, Ontario, Canada. AUSTIN D. ELLIS.

ANTIPYRIN IN PUERPERAL PYREXIA AND SUPPRESSION OF URINE.

To the Editors of THE LANCET.

SIRS,—The following notes of a case may be of interest to your readers.

Mrs. C——, aged nineteen, primipara, a well-developed and healthy young woman, was delivered of a fine child at 2 P.M., after three hours' labour from first stage to third. Whiffs of chloroform were given. Next morning she seemed very nicely, but had not passed urine. At 5 P.M. she looked flushed and restless. Temperature, 100°. No urine passed. I then administered twelve grains of antipyrin, and two hours later found that the patient had passed urine. She was quite comfortable; temperature normal. She made an uninterrupted and rapid recovery.

I am, Sirs, yours faithfully,

Hornby, Sept. 30th, 1889. IAN D. MACKAY, B.A., M.B., C.M.

CYCLING.

To the Editors of THE LANCET.

SIRS,—Would some of your readers kindly suggest the evils that may arise from steady pressure on the perineum as from a bicycle saddle? Cyclists all look on such pressure as an evil, but I am unable to hear of any case of injury arising therefrom.—Yours faithfully,

Taverham, Norwich, Oct. 6th, 1889. J. A. WARING, M.B. Oxon.

MEDICAL SERVICE AT THE LEEWARD ISLES.

To the Editors of THE LANCET.

SIRS,—There are two or three vacancies in the medical service of the Leeward Islands, and, as the Crown agents for the colony are probably endeavouring to obtain men to fill these appointments, I think the following facts should be made known to intending candidates.

The pay ranges from £200 to £250; the fees (vaccination, &c.) average £20. There is no pension, no "free quarters," no increase of pay with length of service; an officer on leave of absence goes on half-pay. House rent is high, living is expensive and unsatisfactory, the climate trying and uncomfortable for Europeans; and as for the work, it is simply heartbreaking—the lowest of low practice among the lowest of low Irish is nothing to it. Hitherto the medical officer has looked to his private practice for a means of living, and the very few leading practices in the colony are fairly respectable as to income. But all this is to be altered; the doctors appointed after this are to be transferred to any part of the colony as may seem fit and proper to the governor; the meaning of this is that His Excellency may, by a stroke of his pen, practically ruin a man who has a decent practice and has incurred his displeasure. These islands may be healthy, but they certainly are not so for doctors. The number of medical appointments in the colony is twenty-four, the average filled being twenty-two. Now during the last fifteen years at least sixteen medical officers have died, six have permanently left on account of ill-health, five or six have left for other colonies, and two have been dismissed the service after having been tried for manslaughter and acquitted. The bulk of the good practices are in the hands of colony-born men, and any young fellow coming out would be relegated to a country district, where the society and the chances of making a decent income are very small.

I am, Sirs, yours faithfully,

Sept. 16th, 1889. SENEX.

SULPHONAL.

To the Editors of THE LANCET.

SIRS,—Sulphonal has been lately extolled as a pure hypnotic causing a natural sleep, without any ill-effect or unpleasant sequela. I have now used it in about thirty cases, and find that it certainly has the power of causing sleep, but sleep of a character that can hardly be called natural, since the patients on awaking all more or less complain of a tired feeling, and so marked was this in two cases that the patients were scarcely able to lift their hands from the bed. Another effect I observed in three cases was a dilatation of the pupil and a marked sluggishness about its reaction to light and accommodation, and control doses proved that this was due to the drug. I have generally given it alone, and not in combination, in doses varying from ten to thirty grains, but prefer now to give eight grains twice in an interval of one hour. In combination with codeia, I find it extremely useful after labour, when there is sleeplessness and considerable after-pain.

I am, Sirs, yours faithfully,

Oct. 7th, 1889. C. W. HOGARTH, M.R.C.S., L.R.C.P.L.

THE HYPNOTIC SOCIETY.

To the Editors of THE LANCET.

SIRS,—I have recently received, in common probably with many other members of the profession, the prospectus of a newly formed Hypnotic Society, and as I take great interest in the scientific development of medical hypnotism, and am to a certain extent identified with its practice, perhaps you will allow me a few words.

The existing medical societies and journals afford full opportunities for its discussion, and experiments outside the profession with such a double-edged instrument as hypnotism are as useless as they are objectionable. I imagine few English medical men will be tempted to join such a society, and I believe that its foreign members are ignorant of the state of professional feeling in this country.

I am, Sirs, your obedient servant,

London, Oct. 8th, 1889. CHAS. LLOYD TUCKEY, M.D. Aberd.

RETIREMENT OF IRISH HOSPITAL PHYSICIANS AND SURGEONS.

To the Editors of THE LANCET.

SIRS,—Referring to your remarks last week on the rule in England of compulsory retirement of hospital physicians and surgeons, I may point out that no such rules exist in the Dublin hospitals; and, as a consequence, one finds old men in Dublin, many of them retired from active practice, still on the visiting staff of hospitals. As a result of this system, no young man in Dublin can hope to get on to the staff of a hospital unless a death vacancy occurs. I may instance the "Adelaide," "Steevens," and the "Meath" as at present the worst offenders in this respect. I am sure that most young Irish medical men will agree with me that it is time that some steps were taken to enforce compulsory retirement in Dublin hospitals.—Yours truly,

Oct. 8th, 1889. M.B.

COCAINE IN WHOOPING-COUGH.

To the Editors of THE LANCET.

SIRS,—I should like to take the liberty, through your columns, of asking if any of your numerous readers have tried the effects of cocaine in whooping-cough, and how administered—whether internally, or by inhalation. If the latter, in what form?

I am, Sirs, yours faithfully,

Church, Oct. 2nd, 1889. J. DEARDEN, M.D.

"WARNING TO HOSPITAL VISITORS."

To the Editors of THE LANCET.

SIRS,—The annotation in THE LANCET of the 21st ult., headed as above, recalls a similar case of fatal perforation that occurred here some years ago.

A young gentleman of great bodily strength and vigour was admitted on July 13th, 1881, suffering from *mania à potu*. The mental disease proved of short duration, and he became a voluntary patient on Dec. 17th. In July, 1882, he succumbed to a severe attack of typhoid, from which he was making a good recovery when his mother, who had come here to aid in nursing him, gave him a cupful of Irish moss jelly, which in a few hours was followed by great abdominal pain, collapse, and death. The patient had been most solicitous for food, and his mother was particularly cautioned not to depart from the diet prescribed. She, however, could not withstand his pleadings for solid food, and smuggled a cupful of jelly into the hospital. In the temporary absence of the attendant from his room, the patient eagerly swallowed the whole quantity, and with a fatal result.

In this case the most precise directions and cautions were deliberately and secretly disregarded by a lady of education and apparent sense. The sequel, however, was required to prove to her the danger of evading the regulations of the asylum and the rule of the physician.

The slip enclosed shows how we seek to enforce on the attention of visitors the usual caution as to gifts to patients.—Yours truly,

A. R. URQUHART, M.D.

James Murray's Royal Asylum, Perth, Oct. 3rd, 1889.

DENTITION IN UTERO.

To the Editors of THE LANCET.

SIRS,—It may interest the writers of letters in THE LANCET under the above heading to know that when I was a student at St. Thomas's Hospital I attended a woman in her confinement; the baby, to the surprise of all, had two incisor teeth well developed. I advised that the little one should be named "Richard," and I believe it was so called. The facts were noted at the time, and reported to the obstetric physicians, and are on record somewhere.

I am, Sirs, your obedient servant,

JAMES HENRY CLARK,

Sept. 9th, 1889. Government Medical Service, Jamaica.

Mr. L. H. Ruegg.—The only satisfactory claim to the title of "Doctor" on the part of a medical man is the possession of the degree of Doctor of Medicine from a university. The title can be given by anyone to a medical man with other qualifications as a matter of courtesy; but its proper use is that which we have indicated.

J. C.—Our Students' Number will give the information.

F.R.C.S. has not enclosed his card.

A. S. A.—We think a union would come within the meaning of the term "public body," whereas a mine or works of a similar kind would not.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. W. Robertson, Newcastle-on-Tyne; Dr. Maguire, London; Dr. Tyson, Folkestone; Mr. C. Plant, Dalton-in-Furness; Messrs. Bennett and Co., Manchester; Mr. H. H. Taylor, London; Dr. Bassano, Marseilles; Mr. M. Culpin, London; Dr. Drzewiecki, Warsaw; Messrs. Back and Co.; Dr. Urquhart, Perth; Dr. Campbell Pope, London; Mr. Bilton Pollard, London; Mr. J. McMunn, Dublin; Mr. Hogarth; Dr. Lloyd Tuckey, London; Mr. C. S. Jeaffreson, Newcastle-on-Tyne; Mr. L. Mark, London; Mr. Ruegg, Sherborne; Mr. Butterworth; Mr. T. H. Gough, Wolverhampton; Dr. Downie, Glasgow; Messrs. Davis and Co., Belfast; Mr. Field, London; Mr. Gubb, London; Dr. Alston, Sandgate; Dr. Warning, Taverham; Dr. Hardwicke, Dovercourt; Dr. H. H. Fisher, Kettering; Dr. Grimshaw, Dublin; Dr. Stanley Haynes, Malvern; Dr. G F. Crooke, Birmingham; Messrs. Kemp and Co., Bombay; Dr. Mayne, Longford; Mr. W. H. Jones, Bury St. Edmunds; Dr. Mallins, Watton; Mr. Barton, London; Dr. John Williams, London; Dr. L. W. Marshall, Nottingham; Dr. Theodore Williams, London; Dr. A. D. Ellis, Toronto; Mr. R. Walker, Aberdeen; Dr. R. Lamond, Glasgow; Mr. C. Hansen, London; Mr. Roxby Walthamstow; Dr. Middleton, Glasgow Mr. Shelswell, Mitcham; Mr. C. G. Wheelhouse, Lee; Mr. Morton, Sleaford; Mrs. Blissett, Sussex; Mr. Collingridge, London; Mr. Gadd, Lincoln; Mr. Allen, Sheffield; Dr. Campbell, Carlisle; Mr. Walker, Belfast; Mr. Cahill, Brighton; Mr. Huberty, Brighton; Messrs. Willows and Co., High Holborn; Mr. Browning, Manchester; Mr. Callard; Messrs. Richards and Co., Calcutta; Mr. Brittain, Ventnor, I.W.; Messrs. Harrison and Brass, Elgin; Mr. Kempton, Marylebone-road; Messrs. Rankin and Sons, Glasgow; Dr. Hubbersty, Stamford; Mr. McLaren, West Kensington; Mrs. Coppin, Notting-hill; Messrs. Merryweather and Sons, London; Mr. Moore, Liverpool; Mr. Killow; Messrs. Farwig and Co., London; Mr. Walters, Carmarthen; Messrs. Maclehose and Sons, Glasgow; Mr. Johnson, Shrewsbury; Messrs. Stern, London; Mr. Jeanne, Hornsey; Mr. Palmer, Stroud; Messrs. Smith, Elder, and Co., London; Dr. J. W. Martin, Sheffield; Mr. Chittenden, Tunbridge Wells; Dr. Irvant, Seattle; Mr. Reed, Carmarthen; Messrs. Dean Bros., Derby; Dr. J. I. Parsons, London; Dr. F. W. Gibbon, South Shields; Mr. White, Chicago; Dr. Blackburn, Portsmouth; Dr. Josiah

Williams, London; Mr. Boyd, Hamburg; Messrs. Richardson and Co., Leicester; Mr. A. Doran, London; Dr. W. H. Williams, Sherborne; Mr. J. B. Pike, Loughboro'; Dr. F. J. Williamson; Mr. Tyler, London; Mr. Biddle, Kingston; Mr. Silcock, London; Prof. A. M. Buchanan, Glasgow; Dr. E. F. Wills, Shelbyville, U.S.A.; Dr. J. E. Pollock, London; Dr. F. P. Henry, Philadelphia; Mr. F. Tyerman, Lewisham; Mr. F. A. Southam, Manchester; Mr. Dingle, Bath; Mr. Cole, Flint; Mr. White, Wolverhampton; Dr. Coghill, Birmingham; Mr. Dunlop, Shirley; Mrs. Needes, London; Major Pead, Dulwich; Mr. Yates, London; Mr. Dahl, London; Mr. Grinling, Burton-on-Trent; Mr. Grace, Bristol; Mr. Burns, London; Mr. S. M. Burroughs, London; Mr. Heron, Holborn; Dr. Haughton, Norwood; Dr. H. S. Wood, Wincanton; Mr. Peart, London; Mr. Erskine Hill, London; Dr. Syers, London; Secretary, General Hospital, Birmingham; M.R.C.S., L.R.C.P.; C. K. H.; F.R.C.S.; Senex; A Pupil of the late Dr. Graves; Alpha, Birmingham; Pleximeter, London; St. Bede Chemical Co., Newcastle; E. F. F.; M.B.; Secretary, Bradford Infirmary; J. G., London; M.D., Whitby; H. S. A.; Matron, Windsor Infirmary; An Invalid; L. M., London.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Tully, Hastings; Mr. Crossley, Lincoln; Mr. Hart, Wansford; Dr. Moore, Berks; Mr. Greville, Stockton-on-Tees; Messrs. Mottershead and Co., Manchester; Mr. Maclachlan, Upton-park; Messrs. Hewlett and Son, London; Mr. Bobrowinck, Manchester; Messrs. Maw, Son, and Co., London; Dr. Smyth, Hartlepool; Dr. Evans; Messrs. Purdon and Stokes, Birmingham; Mr. Howard, Hitchin; Messrs. Essinger and Co., Hatton-garden; Mr. Pearcey, Taunton; Mr. Owen, North Wales; Dr. Dunn, Preston; Mr. Martin, London; Miss Pink, South Devon; Mr. Weekes, Chatham; Mr. Gabe; Miss Soden, Tunbridge Wells; Mr. Thomson, Boulton; Mr. Hamilton, Yorks; Messrs. Lee and Martin, Birmingham; Mr. Morton, Wingham; Messrs. Bead and Son, Kirkwall; Dr. McClure, London; Messrs. Maclachlan and Co., Edinburgh; Mr. Crassweller, Highbury; Messrs. Wertheimer and Co., London; Mr. Lairman, Biggleswade; Mrs. Semple, Bury St. Edmunds; Mr. Ungent, Cookstown; Mr. Purlands; Messrs. Brady and Martin, Newcastle-on-Tyne; Mr. Hastings, Sidmouth; Dr. Owen, Beaumaris; Mr. Birchall, Liverpool; Mr. Heywood, Manchester; Dr. Bentley, Hyde-park; Mr. Smith, Monmouth; Messrs. Ormrod and Dudgeon, Workington; Mr. Garrett, Boscombe; Messrs. Krohne and Sesemann, London; Mr. Beattie, Omagh; Messrs. Fenwick and Chinery, London; Mr. Lawrence, Dorset; Mr. Whetstone, Liverpool; Mr. Ruck, Ealing; Mr. Davies, Ystrad; Mr. Hunt, Cosham; Mr. Capel, London; Mr. Eschwege, London; Mr. Allsworth; Mr. Mackay, Sheffield; Mr. Walker, Belfast; Mr. Johnston, Aberdeen; Dr. Twynam, Strand; Deputy Surgeon-General Watson, London; Mr. Wakefield, Norton; Mr. Strudwick, London; Dr. Sharkey, London; Mr. Clogg, Bolton; Mr. Murchison, Ross-shire; Dr. Ferrar, Cheshire; J. C. F., Market Drayton; Dispenser, London; Dawn, London; A. B., London; Secretary, Royal Bucks Hospital; Dr. R., Kidsgrove; Albus, King's Lynn; K., Fleet-street; Phenol, London; L. C. M., London; Spero Meliora, London; H. A., London; Beta, London; Secretary, Derby Infirmary; J. W. D., London; Nucleus, London; Secretary, Swansea Hospital; Secretary, Brighton &c. Dispensary; J. Q.; Hon. Lady Superintendent, Nurses' Institute, Bedford; Health, London; Hon. Secretary, Newport; Embolus, London; Junior, Shrewsbury; V. W., London; Medicus, co. Durham; Medicus, London; C. M., Edinburgh; Midlands, London; W. S., Surgeon, London; Allan, London; Irving, London; Ulster Scot, London; C., London; W. R., London.

The Citizen (Gloucestershire), Liverpool Echo, Reading Mercury, Weekly Free Press and Aberdeen Herald, Cambrian (Swansea), Hertfordshire Mercury, Surrey Times, Darlington and Stockton Times, Manchester Examiner, Mining Journal, Surrey Advertiser, Barrow Herald, Sussex Daily News, Newcastle Daily Chronicle, Lincolnshire Herald, Railway Press, Birmingham Daily Post, Architect, &c., have been received.

Medical Diary for the ensuing Week.

Monday, October 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
ST. MARK'S HOSPITAL.—Operations, 2.30 P.M.; Tuesday, 2.30 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
UNIVERSITY COLLEGE HOSPITAL.—Ear and Throat Department, 9 A.M.; Thursday, 9 A.M.

Tuesday, October 15.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same days, 2 P.M.

Wednesday, October 16.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M. Thursday & Saturday, same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical Visits on Wednesday and Saturday at 9.15 A.M.

Thursday, October 17.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Ear and Throat Department, 9 A.M.
HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Dr. D. B. Lees: The Treatment of Pneumonia by the Ice Bag.
OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8.30 P.M. Address by the President (Dr. J. Hughlings Jackson, F.R.S.).—Mr. Robert W. Doyne: Case of Recovery from Hemianopsia, and subsequent Autopsy.—Mr. W. E. Cant: Case of Keratitis from Paralysis of Fifth Nerve after Injury. Dr. Reid: Trochoma, its Pathology and Relations. Living Specimens at 8 P.M.:—Mr. Lang: Two cases of Congenital Coloboma of the Iris.—Mr. Poulett Wells: Peculiar Retinal Detachment.—Mr. Quarry Silcock: (1) Exostosis of Frontal Sinus; (2) Double Proptosis, (?) Modified Graves's Disease.

Friday, October 18.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Dr. James E. Pollock will deliver the Harveian Oration.

Saturday, October 19.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; and Skin Department, 9.15 A.M.

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